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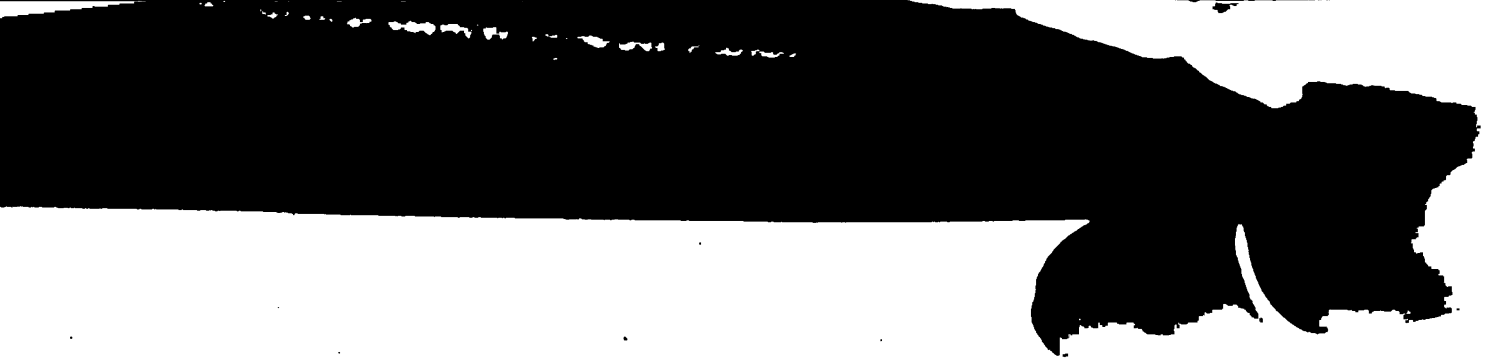

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Law and Medicine.

About two years ago we published a resumé of the laws governing the practice of medicine in the various States. Changes have taken place in a number of the States since then. The *Physician's Magazine*, of this city, has taken upon itself the task of gathering and presenting the laws as they now exist. In addition to this, the publishers of the *Magazine* have applied to the Secretary of State for the United States, to obtain a copy of the laws bearing upon medical education and practice in each foreign country with which the United States holds diplomatic relations. This application is endorsed by Dr. D. Hayes Agnew and the Surgeon-Generals of the United States Army, Navy, and Marine Hospital Service.

This last is a good move, begun in an excellent way, and we wish it the fullest success. We need the experience of other and older countries in medical legislation. This is a question that is rightfully claiming the attention of the people of the various parts of our country more and more every year. A uniform law in all the States would be very desirable, but that is perhaps out of the question. In this connection we will give the following quotation from an editorial which recently appeared in the *Polyclinic*, and which is undoubtedly the best thing that has yet appeared from the conservative side of the ever charming and delightful discussion over the "code."

"With all its imperfections and insufficiencies, however, the code is of great importance to the profession of this country. Placed, as we are, without uniform or official supervision in medical education, with no means of keeping up or improving the standard of the profession except what it may do for itself, the code constitutes a valuable bulwark. It is natural that, in European States in which stringent official supervision preserves the proper standard of education, and renders the qualifications of every practitioner a matter of record, ethical formulæ should take a secondary place; but here the supply of medical colleges greatly exceeds the need, and the 'downward competition' reduces the grade of study. Irregulars, quacks and eccentrics all assume the title of doctor, and an indulgent public, expressing itself by the newspapers and the jury-box, renders the registration laws ineffective."

Yes, if we had official supervision, uniform throughout all the States, sufficiently stringent to establish and maintain the proper standard of medical education, and make the qualifications of every practitioner a matter of record, we could be happy without a code. We fear that this is a vain dream, but we welcome every influence that leads in that direction, and the study of the medical laws of other countries is the first step.

THE Massachusetts *Eclectic Medical Journal* has droped the word "eclectic" from its title. This is a step which other denominational journals would do well to follow, except those that wish to be exclusive and illiberal. Progress in *medical science* is what we want, irrespective of any sect—*without* sect.

AN INDEX OF HYPODERMATIC TREATMEN .

Abortion . . . . . Sometimes caused by pilocarpine injections.
Alcoholic poisoning . . . . . Caffein, in solution, gr. i or gr ii; or fluid extract of coffee, gr. xxx, in warm water.
Alopecia . . . . . Pilocarpine, in solution, gr. 1-40, injected into the scalp.
Aneurism . . . . . Ergot in solution, gr. i to gr. iii.
Apoplexy . . . . . Ergotine, in solution, gr. ½, in the arm or neck.
Asthma . . . . . Atropine in solution, gr. 1-60, or pilocarpine, gr. ½, repeated.
Bronchitis (commencing) . . Apormorphia, gr. 1-10 in solution.
Bubo . . . . . Carbolic acid, in solution, gr. i into the swelling.
Carcinoma . . . . . Acetic acid, 1 in 3 solution, into the tumor.
Cancer, advanced . . . . . Acetate of morphia, gr. ½, or more, in solution.
Chloroform poisoning . . . . Digitaline, in solution, gr. 1-10, followed by atropia, same strength.
Cholera . . . . . Acetate of morphia, gr. ½, with sulphate of atropia, gr. 1-60.
Chorea . . . . . Curare gr. 1-20 daily; or sulphate of eserine, same dose; or hyoscyamine, gr. 1-40.
Convulsions, infantile . . . . Very weak morphia injections.
Convulsions, puerperal . . . Chloral hydrate, in solution, gr. iii.
Croup . . . . . Sulphate of atropia, 1 per cent. sol., in the neck.
Datura poisoning . . . . . Pilocarpine in solution, gr. ½, repeated.
Dropsy, cardiac . . . . . Caffein, in solution, gr. i to gr. iii.
Dysentery . . . . . Acetate of morphia, in solution, gr. ½.
Eczema . . . . . Arseniate of soda, (1 per cent. solution) m-x injected.
Enuresis . . . . . Nitrate of strychnine, gr. 1-30, in neighborhood of rectum.
Epilepsy . . . . . Curare, in solution, gr. 1-20, once a week; or picrotoxin, gr. 1-25.
Epistaxis . . . . . Ergotine, gr. i to gr. iii, into arm or neck.
Erectile tumours . . . . . Perchloride of iron, in weak solution.
Erysipelas . . . . . Carbolic or salicylic acid, 3 per cent. solution.
Foreign body in œsophagus . Apomorphia, gr. 1-10, to procure emesis rapidly.
Fractures, un-united . . . . . Glacial acetic acid, ℥ viii, or tincture of iodine, between fractured ends.
Gastralgia . . . . . Nitrate of strychnine, gr. 1-25, in glycerine and water.
Goitre . . . . . Ergotine, gr. ½ increasing to gr. ii, in solution.
Heart diseases . . . . . Macrotin, gr. i, in solution.
Hæmoptysis . . . . . Sclerotinic acid, gr. ss to gr. i, in solution, injected in the neck.
Hæmorrhages, general . . . . Ergotine and morphia; or sclerotinic acid as above.

Hemicrania. . . . . Caffein, about gr. i, in solution.
Hernia . . . . . Atropia and morphia, to facilitate reduction.
Hiccough, persistent. . . . . Pilocarpine, gr. 1-12 in solution.
Hydrophobia . . . . . Curare, or pilocarpine, as above, or inoculation with attenuated virus (Pasteur's method).
Mania, violent. . . . . Hyoscyamia, gr. 1-40, or conia, gr. ½, in solution.
Neuralgia of joints. . . . . Colchicine, in solution, gr. 1-32.
Neuralgias, local. . . . . Muriate of cocaine, (4 per cent. solution), ℥ xv; or salicylate of cocaine, gr. ⅓; or muriate of gelsemium, gr. 1-40; or chloroform, ℥ xii.
Obstruction, intestinal . . . . Aloin, in *warm* solution, into abdominal walls; or atropine in solution, gr. 1-60.
Opium poisoning . . . . . Caffein, as above; or fluid extract of coffee.
Paralysis . . . . . Physostigma, in solution, gr. 1-20.
Perspiration, excessive . . . Pilocarpine, in solution, gr. ½.
Perspiration, arrest of. . . . . Nitrate of muscarin, in solution, gr. ½.
Pharyngeal paralysis . . . . Picrotoxin, in solution, gr. 1-25.
Polypus . . . . . Glycerine of carbolic acid, ℥ vi, into tumor.
Pyæmia . . . . . Oil of eucalyptus, ℥ v, mixed with olive oil.
Retention of urine . . . . . Ergotine, gr. ½ in solution, behind great trochanter.
Rheumatic joint affections . Colchicine, gr. 1-32 in solution.
Sarcoma, multiple cutaneous Fowler's solution, ℥ iv to ℥ vi, with equal amount of water.
Sciatica . . . . . Aconitine, in solution, gr. 1-120, locally, with caution.
Shock, surgical. . . . . Quinine, gr. vi in solution with morphia, gr. ⅓.
Sick headache . . . . . Picrotoxine, in solution, gr. 1-25.
Skin diseases, parasitic. . . Carbolic or salicylic acid, as above.
Snake-bite . . . . . Ammonia, brandy, or carbolic acid, into a vein.
Strychnia poisoning. . . . Caffein, gr. i in solution; or chloral, gr. iii.
Sweats, night . . . . . Atropine, gr. 1-40; or picrotoxine, gr. 1-25; or muscarin, gr. ½, in solution.
Syphillis . . . . . Iodoform, in ethereal solution, gr. iv daily; or formamide of mercury, 1 per cent. solution, ℥ v to ℥ x; or calomel, gr. iss in mucilage, into gluteal region, every few days, 3 or 4 applications said to be sufficient.
Tetanus . . . . . Sulphate of eserine, gr. 1-20 in solution; or chloral and morphia alternately.
Trichinosis . . . . . Ergotine, in solution, gr. i, into muscles.
Tumours . . . . . Perosmic acid, 1 per cent. solution, ℥ iii.
Urticaria . . . . . Bisulphite of soda, saturated solution, injected locally.

The Current Medical Thought.

A Suggestion.

Sulphide of calcium is of undoubted value in the treatment of acne, furuncle, carbuncle, "pimples" of various kinds, scrofulous ulcers of the neck, abscess, etc. In all these cases, its action is due to the sulphur in the form of sulphide, and not, in any way, to the calcium. Arsenic is also indicated in the same class of diseases, and a combination of sulphur with arsenic (as sulphide) is here suggested. Therapeutically considered, its value should be undeniable. Orpiment and realgar are combinations of sulphur with arsenic in nature, in the form of sulphuret; but they have not hitherto been used medicinally. Why not try a sulphide of arsenic?

We have recently had the latter article prepared, and will now proceed to test it therapeutically. L. L.

A New Version.

Henceforth no one will be able to practice medicine in Pennsylvania without passing an examination in chemistry, physiology, anatomy, materia medica, therapeutics, pathology, and morbid anatomy, in addition to producing a genuine endorsed diploma from a regular college, obtained by examination. Hitherto, by issuing certificates as to the genuineness of the diplomas by applicants, and by the registration of these, the Faculty has acted in an illegal manner, as the law requires it to be satisfied as to the qualifications of the applicant. It is not satisfactorily settled whether these certificates legally entitle their recipients to registration at all. This applies to those who hold diplomas from colleges outside of this State, as graduates from colleges within this State have already necessarily passed the required examination. This is either an attempt to "protect" the colleges of this State, or a bungling way to ascertain the qualifications of the applicant. Even a graduate of Harvard Medical School has to pass an examination before he can practice in this State.

A much better law would be one similar to that of Illinois, which gives the Board of Health the power to accept or reject the diploma of any college. Such a law exercises a good influence over the colleges of the whole country in placing them upon a basis of merit, with no partiality to colleges within the State.

Quillaya as an Expectorant.

The two glucosides that exist in the root of polygala and exhibit medicinal properties are, it appears, much more abundant in the inner bark of quillaya, or "soap bark." W. Kobert (Paris) has therefore suggested the use of soap bark in the treatment of diseases of the respiratory organs. It has an undoubted expectorant action, and causes no diarrhœa nor emesis. He prescribes seventy-five grains of the bark in five ounces of water made into a decoction, of which a tablespoonful may be taken, by adults, every hour.

"Popular" Hemorrhoids.

It is said that about four-fifths of the inhabitants of Shenandoah, Pa., a town of about fourteen thousand, are afflicted with hemorrhoids. It is supposed that the iron in the water causes the almost universal constipation, and the hemorrhoids are a result of the constipation. It seems that Shenandoah would be a good field for a rectal specialist.

Standard of Sanity.

Sanity is commonly judged by an erroneous standard, the standard of mental health; whereas it should be judged by the standard of social capability. On the one hand, many persons not in good mental health are far from being insane; and, on the other hand, there are many persons who are normally so much below the average in mental function, that they cannot be regarded either as able to take care of themselves or as devoid of danger to the public.

Here rest the bones of Susan Lowder,
Who burst while drinking a Sedlitz powder;
Alas! she's gone to her heavenly rest;
She should have waited 'till it effervesced!

Important Observation in Cholera.

The following interesting observation has been made during the recent cholera epidemic at Marseilles, by Dr. Coste. If the pupils remain mobile during the algide stage, even with cyanosis, that stage will be passed safely, and the prognosis will be favorable. If the pupils remain contracted and immobile, or dilated and immobile, the patient will die during that stage.

Peroxide of Hydrogen.

Professor Wood, of King's College, London, praises the peroxide of hydrogen as a microbicide. He says that it is efficacious in so small a proportion as one part in 2,000 in preventing the beginnings of putrefactive fermentation, and destroying the activity of bacteriæ and micrococci of all kinds. It is absolutely harmless, and is quite free from any suspicion of local or constitutional irritation. Its active properties are due to its ozone. But its instability, which renders it prone to give off its superabundant oxygen, and prove serviceable in this way in the antiseptic treatment of sinuses, abscesses, and joint-cavities, makes it, on the other hand, less applicable as a permanent dressing. If so used, it should be closely covered with guttapercha tissue, or associated with something more lasting, as sulphate of copper or chloride of zinc. It has a decided effect in diminishing and arresting suppuration, as in cleaning suppurating joints, and in such instances as mentioned above.

Importance of Fat.

Fat bacon is one of the most satisfactory things upon which to perform mental work; the nervous system, containing a great proportion of fat, must necessarily suffer if fat be deficient in the food. If insufficient fat is assimilated, the subcutaneous fat becomes absorbed, in order to avoid the waste of more important tissues. When school children show an aversion to fat, its administration under compulsion would probably disagree. In such cases the correct thing to do is to give fat in some other form; and the more finely it is subdivided the more readily is it digested. A piece of solid butter swallowed alone would melt in the stomach, float about without undergoing digestion, and likely begin to decompose and yield acrid fatty bodies, prone to cause irritation and nausea; while the same amount of butter eaten with bread or other food would be so divided as to be easily managed by the digestive organs. By artfully mingling fat with the food, many patients may be greatly benefitted, particularly those prone to tuberculosis.

Chronic Dyspepsia.

The majority of sufferers from "chronic dyspepsia" owe their trouble to imperfect mastication; that is to say, to making their stomachs do what ought to have been done by their teeth. Strychnia is highly useful in these cases, increasing the secretions by its ready action on the muscular coat. One twentieth of a grain, on an empty stomach, about half an hour before meals, is very beneficial (and is often advantageously combined with iron). Of course, such treatment does not apply indiscriminately, as there are cases of altered or diminished secretion, excessive or irregular action; but frequently this method will be found efficacious. Sugar, beer, and starchy substances should be interdicted; and an occasional fast is often of service, by giving the stomach a temporary functional rest.

The Brain is Movable.

The brain probably changes its position in the skull according to our different attitudes, the free spaces on the upper side being occupied by cerebro-spinal fluid, which, obeying the laws of gravity, is displaced by the heavier brain substance in different positions of the body. Temporary vertigo, often attending change from a horizontal to a vertical position, sea-sickness, pain on movement in meningitis, nocturnal epileptoid attacks, etc., may be thus, to a certain extent, explained.

The Americans Take Pills!

Health was the first question considered by the ancient Greeks. It is about the last considered by the modern Americans. The Greeks took exercise to preserve their bodies The Americans take pills.

Meningeal Hæmorrhage.

There is no hemiplegia in meningeal hæmorrhage. Profound coma is the predominant symptom; and it may come on suddenly, or may be preceded by headache, vertigo, or convulsions. Secondary hæmorrhage is likely to occur after apparent recovery.

The Surgical Engine.

The introduction into surgical practice of rapidly-revolving instruments by Prof. J. E. Garretson is destined to work a revolution in the manner of doing bone operations when practitioners at large come to familiarize themselves with the new means. The capabilities of the surgical engine are such, and the performances accomplished through its aid are so varied and intricate, that the clinic days of Prof. Garretson at the Medico-Chirurgical College, of this city, show an

amphitheatre always crowded with students and physicians. A few Saturdays back, the operation of removing the body of the sphenoid bone through a slight button-hole slit in the palate was accomplished apparently without effort or anxiety on the part of the operator. Dr. Garretson has on three separate occasions burred away the basilar process of the occipital bone in the treatment of caries, getting at the parts through similar openings in the velum.

Causes and Prevention of "Old Age."

The infirmities of old age are ushered in by the slow but continuous accumulation of calcareous matter, in the forms of phosphates and carbonates of lime and magnesia, throughout the system, but chiefly in the cells and intercellar substance. They are deposited in scattered irregular granules, which sometimes coalesce and produce large calcareous masses. Under these conditions, the invaded tissues become hard and stone-like, the structure of the organs is changed and their functions are obstructed, and youthful elasticity gives away to the stiffness and rigidity of old age. The deposit of these materials continues and extends, until by-and-by some vital organ becomes involved. This process of calcareous degeneration is not to be confounded with ossification, in which there is a deposit of true bone. The causes of calcareous degeneration are excess of earthy salts in the fluids of the body; diminution of agents which normally hold the lime-salts in solution; and transformation of soluble lime-salts into insoluble modifications. As old age advances, the middle coats of the arteries are specially prone to calcareous degeneration, as also the valves of the heart. Calcification frequently attacks tissues which have already suffered by fatty degeneration; but it as frequently attacks previously sound tissues. An early indication of degeneration is afforded by the "arcus senilis," a white line in which presents at the outer margin of the cornea in advancing age, but its diagnostic value is of uncertain importance.

It seems possible that these calcareous degenerations may be retarded and the attributes of old age held in abeyance by the observance of certain dietetic rules; for example, by the avoidance of foods that contain much at these calcareous materials, and by the plentiful internal use of water, which washes out many of the comparatively insoluble materials from the tissues. But the water should be rain or distilled water; and all alkaline fluids should be rejected. Bread should only be used sparingly, as it contains these substances in abundance. Fruit, fish, poultry, lamb, and young beef constitute the best diet. Diluted phosphoric acid is recommended to be taken regularly as a solvent; fifteen or twenty minims in a tumblerful of water two or three times a day. By adherence to these rules, and moderation in other directions, a healthy man in declining years would probably add to his chances of attaining long life, without the burden of some of its accompanying infirmities. L.

Hiawatha's Counsel.

Should you ask me, "Whence this stiffness
Whence this hardness of the tissues
That steals o'er, as age advances,
With impairment of the mem'ry,
With diminished power of muscles,
With secretions weak and scanty,
With obstructions of the organs
In the exercise of functions,
As obtains in men of sixty?"

I should answer, I should tell you,
"From a slow degeneration
Of the tissues of the body,
By continued infiltration
Of a chalky deposition
In the cells and web-like structure,
Causing rigid, stony hardness
In the heart and in its vessels,
As the carbonates and phosphates
Of magnesia and the lime-salts
Form accumulations in them."

Should you ask me if we cannot
Find a way to stay this action,
Find a mode of counteracting
Premature calcification,
I should answer, I should tell you,
"Don't partake of chalky matter.
Don't indulge in bread too freely;
Don't drink water from the freshets;
Drink the rain that comes from heaven;
Or destroy, by distillation,
All there is of earthy phosphates;
Eat of fruit and birds and fishes,
And the meat of youthful oxen.
Take dilute phosphoric acid
Daily with your meed of water;
Thrice a day take twenty minims,
Thus dissolving chalky matter."

L. LEWIS.

DeLesseps, the famous French civil engineer, is eighty years old, but he has recently had a daughter born to him.

Antisepsis in Abdominal Operations.

Sepsis is the hyra-headed monster against which the operator is called upon to exercise most zealous guard and watch. I become more and more impressed also with the belief that a sudden reduction of temperature may exercise a most pernicious influence, although that opinion is not shared by gynæcologists in Berlin. I cannot believe that a large mass may be removed from the abdomen without withdrawing a certain amount of heat developed by its presence, and I cannot believe that the central nervous system will not appreciate the difference. It is for this reason that I would anticipate the change by supplying external heat to the patient. This being provided for, every energy is directed toward the prevention of sepsis. Until some better measure be devised, or until the opponents of antiseptics shall be able to show that the present scrupulousness of German operators is without any foundation as a scientific process, I shall continue to believe in its great name. Nay, more: I shall believe that the greatest measure of success will be his who exercises the most rigid antiseptic precautions. DR. HORATIO BIGELOW.

Sparrows for Food.

According to Emile Zola, the realistic novelist of France, the despised sparrow forms one of the most dainty and nutritious of foods. In his reminiscences, just published, he tells us that there was a time when he was sorely pushed for money; he lived in a garret and had little to eat. Suddenly an idea struck him; he set a trap on the roof and caught sparrows; and these formed his dismal bill of fare for many long months.

Greaseless Application for Ulcers.

As a dressing for varicose and eczematous ulcers, Unna recommends the following greaseless application:

℞ Oxide of zinc,
Gelatine, of each, . gr. 150
Glycerine,
Water, of each, . ʒ10

Mix.—This forms a paste, which is to be applied and covered with a bandage.

Smells and Sounds.

The analogy between odors and musical sounds is so great, that the very gradations, timbre, and qualities of the latter appear to correspond with similar attributes of the former. There are scents suggestive of minor concords, of deep notes, or of high clarion-like notes; and we speak quite naturally of odors that are "sharp" or "flat," according to the impression they produce on our olfactory nerves. There is also some mysterious connection existing between odor and the mental processes; for nothing so quickly recalls forgotten memories as the smell of some odor or perfume in affinity with events long since passed out of recollection.

When Should Alcohol be Drank?

It is curious to notice that the French people, as a rule, take alcohol immediately after the repast (usually a small glass of cognac brandy); while the Russians take it just before. But the natives of one part of France, Normandy, drink their alcohol in the *middle* of the meal, with a view to re-excite the secretion of the gastric juice and arouse its activity, thus producing a sort of second appetite, as the first begins to be appeased. This is a "pointer" for gourmands.

"Those Dreadful Medical Students."

The medical student has got a bad name. He is popularly supposed to be capable of any enormity and to be endowed with powers of skylarking which no other class of youth possesses. It is difficult to assign a reason for the fact, for fact it is, that young men who are studying a profession which has constantly before it the ills of humanity, and who are also continually viewing disease and death in their most depressing forms, should exhibit such wonderful spirits. Perhaps it is only a kind, compensating Providence that provides them with this exuberant jollity, or their studies would be too much for them. But there is no doubt about it, that when released from the operating theatre, the lecture hall, or the dissecting room, they so often disgrace themselves that their title to the name of gentlemen becomes doubtful. It must have been an idea of this sort which was floating in the mind of a newspaper reporter, when in giving an account of a recent case in which a young Irishman was charged with marrying a Ward in Chancery without the sanction of the Court, he says that the prisoner was "described on the charge-sheet as a gentleman, but stated to be also a medical student." Oh, the sting of that *but*. "But me no buts," says Shakespeare. Medical men are acknowledged to be gentlemen, yet in the embyro stage of studentship, landladies, keepers of restaurants, managers of theatres and con

The Doctor Ahead.

It is a lawyer's delight to get a doctor on the witness stand and then "chew him up." In the following case the doctor was Dr. Wm. Brodie, of Detroit, President of the American Medical Association, and as will be seen, he did not get "chewed up."

Little Nellie Keevan had sued the Barnum Wire Works for being run over by one of the company's trucks. The doctor testified, in behalf of the company, that the girl's injuries were very trifling, and that she would recover the use of the crushed foot.

"You may be mistaken, may you not?" asked the plaintiff's lawyer.

"Possibly."

"Doctors make mistakes, don't they?"

"Certainly, just like lawyers."

"And sometimes try to cover them up, don't they!"

"Oh no; the undertaker covers up doctors' mistakes."

"Oh! Well, are doctors ever disappointed in their calculations?"

"Very seldom. The public are the ones that get disappointed in the calculations."

The lawyer was somewhat disconcerted by this repartee, but pulled himself together and went in on another tack:

"You say this injury was a mere trifle, doctor. Then your bill will probably be a mere trifle: about $10?"

"Well, what kind of a doctor do you take me for, anyway?"

"State what your bill will be for this trifle."

"Oh, somewhere about $100."

"Isn't that considerable for a trifle?"

"Well, it wouldn't be so much if I was going to charge the girl; but, you see, the company's going to pay, so it will be about $100."

The doctor's candor convulsed judge, jury and spectators. Miss Keevan secured a verdict of $1,000 against the company.

Physiology and Evolution.

The physiology of the present day, truly obeys the law of evolution; and, while it advances from simplicity to complicity, it advances from confusion to order. The nervous centres are no longer united, in idea, within the cranium and spinal cord, but are diffused over various organs. The circulatory forces are no longer united in idea to the heart, but are diffused over the whole of the arteries, even the most minute; the heart responding to arterial pressure as completely as the circulation through the arteries responds to the contraction of the heart. The respiration is carried on not merely in the lungs, but is diffused through the vessels which carry the oxygen from the lungs. And all these systems, the nervous, the circulatory, and the respiratory, work interchangeably on each other; all the parts weave themselves into the whole, each part working and living in the other. Similarly, the medicine of the future obeying the same law of evolution, advances from confusion to order.

Diagnosis of Pregnancy.

Well, now this unmarried girl comes to us because she thinks she is pregnant, and hopes we can do something "to put it away."

"What makes you think you are pregnant?" Dr. G. asks.

"Because I have placed myself in a position to become so, and have not seen my courses for two months," the girl replies.

As a rule, we cannot swear to pregnancy until we hear the fœtal heart-sounds; but there is strong presumptive evidence if the os is soft like one's lips. When the os is as hard as your nose, you may be reasonably sure that there is no pregnancy. Once in a long while a fibroid tumor will give us a soft os and cervix, but this is very exceptional. This condition we will find as early as the end of the first month, though it becomes more marked as pregnancy is further advanced. No matter what station in society a woman may occupy, no matter howsoever exalted her position, when we find a soft os and cervix, we have a right to suspect pregnancy. Here there is a little softening, but very little. Her abdomen is too fat to circumscribe the womb and discover whether it is enlarged, so that evidence is here lost.

There is only a shade of darkness about the nipple, not as much as there ought to be in pregnancy. This woman may not be pregnant and may be suffering only from amenorrhœa. We will give her Blaud's pill—

Dried sulphate of iron	
Carbonate of potassium	aa, ʒij.
Glucose	q. s.

Make into forty-eight pills. S.—Two thrice daily for one week, and then increase one at each dose.

If she is not pregnant, this will bring on her menses, while if she is pregnant, it will not cause a miscarriage. Remember that a natural abortion is not very dangerous; it may be likened to a ripened apple dropping from the bough. For some reason the ovum has become detached from the womb, and it passes harmlessly away. But if you pluck a green apple, you will tear also the bough or

break the stem from the fruit; so when you produce abortion, you tear the ovum from its firm adhesions to the uterus and cause lesions that may result in septicæmia.—*Medical and Surgical Reporter.*

Cold Bandaging of the Leg in Insomnia.

Dr. von Gellhorn has found the following plan very useful in inducing sleep. A piece of calico, about eighteen inches wide and two and three-quarter yards long, is rolled up like a bandage, and a third of it wrung out of cold water. The leg is then bandaged with this, the wet portions being carefully covered by several layers of the dry part, as well as by a layer of gutta-percha tissue, and a stocking drawn on over the whole. This causes dilatation of the vessels of the leg, thus diminishing the blood in the head and producing sleep. It has been found by Winteritz that the temperature in the external auditory meatus begins to fall a quarter of an hour after the application of the bandage; the decrease amounting to 0.4° Cent. The author finds this plan especially useful in cases where there is congestion of the cerebral vessels.—*Brit. Med. Journal.*

The End of the Tail.

Once upon a time, man undoubtedly possessed a tail. Neglect has deprived him of it, for, as Mr. Gladstone says, in his recent article on the Dawn of Creation, "the wasting of organs (for instance the tails of men) by disuse," will account for many alterations in the physical appearance of the inhabitants of the globe. Other animals have retained their tails because they have used them; thus the lion lashes himself into a passion and works up his courage for the battle by repeated blows on alternate ribs with his tail; the cow knocks away the summer flies with hers; the horse does the same with his, when he is allowed to have any; the dog turns his into a semaphore, and by raising or depressing it indicates joy or fear; the cat exhibits her love for her mistress by the coaxing manner in which she softly brushes the legs of the old arm chair, or signalises her indignation at the amorous advances of a neighboring Tom, by erecting her fur and doubling her tail's natural size; the fish uses its tail as a rudder; the bird as a parachute in descending safely to earth; the beaver makes use of his as a trowel; the monkey hangs on to the branches; and the ox uses his tail for soup.

But man, when he discarded fig leaves for knickerbockers, found his tail of no service whatever; in each succeeding generation it became fine by degrees and beautifully less, till Nature, disgusted with the slur upon her handiwork, a second time made an end of it. Those who are interested in the subject might recently have seen the process in operation, that is to say, a monkey gradually turning, if not into a man, at least into a tailless animal, from this very reason of disuse. The monkey in question was shut up in a small poultry run, where there were no branches or anything else to climb, and consequently he found his tail was useless. What did the creature do? He sat down quietly and gnawed it off. This was most likely what the first man did, unless he used his razor, when he found that he was not expected to be all his life up a tree, and that tails and pantaloons did not very well agree.—*London Modern Society.*

HOSPITAL pharmacopœias are generally very difficult to secure, and sometimes an offer of a very high price will fail to secure one. The reason is that they are printed in limited numbers for the officers and physicians of the institution, and they are generally soon exhausted. We have, during the past year, gone to much trouble and expense to collect the pharmacopœias of the principal hospitals of this country, together with other valuable information, and now present all to the profession for the very low price of $1! We intended to make the price of "Official Formulæ of American Hospitals" $1.50 or $2, but we feel certain that the large sale will justify the low price of $1.

MUCH of the desertion as well as of the heart and lung disease in the army is attributable to a wrong system of training the recruit. The number of soldiers invalided for these two causes is out of all proportion to similar cases amongst civilians. The present drill, with its unnatural positions, causes discomfort and exhaustion, eventually affecting the heart or lungs. The evil is of slow growth, but day by day the men are taught to breathe insufficiently in order to keep their chests unduly dilated, and so the action of the heart is gradually weakened, and, by sympathy, the lungs are also affected.

"I AM just as much opposed to intemperance as anybody," said Smith, "but, nevertheless, liquor rightly used is a blessing to humanity. When I was ill last year, I really believe it *saved my life.*" "Very likely," said Brown, "but how does that prove that iquor is a *blessing to humanity?*"

Comparative Longevity of Men and Women.

Interesting researches concerning the comparative longevity of men and women in Europe have recently been made by the Director of the Bureau of Statistics at Vienna. From these it appears that about a third more women than men reach advanced age. Women oftner lead quiet, regular lives. They have fewer bad habits, are less exposed to strong passion and excitement. It appears from the gathered statistics of the world that women have a greater tenacity of life than men. Nature worships the female in all its varieties. Among insects, the male perishes at a relatively early period. In plants, the seminate blossoms die earliest, and are produced in the weaker limbs. Female quadrupeds have more endurance than males. In the human race, despite the intellectual and physical strength of man, the woman endures longest, and will bear pain to which the strongest man succumbs. Zymotic diseases are more fatal to males, and more male children die than females. Deverga asserts that the proportion dying suddenly is about 100 women to 780 men; 1,080 men in the United States in 1870 committed suicide to 285 women. Intemperance, apoplexy, gout, hydrocephalus, affections of the heart or liver, scrofula, paralysis are far more fatal to males than females.

Pulmonary consumption, on the other hand, is more deadly to females, which argues that we ought to give the girls of our families all the out-door exercise that they need. Females in cities are more prone to consumption than in the country. All old countries not disturbed by emigration have a majority of females in the population. In royal families the statistics show more daughters than sons. The Hebrew woman is exceptionally long-lived, while the colored man is exceptionally short-lived. Dr Hough remarks that there are from two to six per cent. more males born than females, yet there is more than six per cent. excess of females in the living population. The rush and worry of the average business man in this country is apt to make him prematurely old, unless he takes judicious recreation. The females are to a great extent exempt from this overstraining about business cares, which may, in a degree, account for their superior vitality.—*The Indicator.—Sanitarian.*

Tea in the Daily Diet.

Few dietetic errors among the poor are so pernicious as the place accorded to tea in the daily food-consumption. No medical practitioner requires to be told that tea is essentially a nerve-stimulant, and that it contributes no nutritive elements to the tissues; but it gives a fallacious sense of comfort and well-being, banishing appetite, and relieving weariness, so that it is not surprising that ignorant persons should give it a high place in their daily dietary. In all our large towns, there are thousands of operatives who drink tea three and four times daily, and take little in addition except the innutritious white bread supplied by the bakers. For a time, they enjoy an illusory sense of satisfaction; but soon their strength begins to fail, dyspepsia sets in, functional derangement of the heart is excited, and they present themselves at the out-patient departments of our hospitals in an advanced stage of exhaustion, which is really merely a modification of starvation. Nothing but good food and rest for the overworked and underfed organism will permanently benefit these cases, but such treatment will produce surprising results in a very brief space. —*Brit. Med. Journal.*

Lanolin: A new Basis for Ointment.

In the *Berliner klin. Wochenschrift*, No. 47, 1885, Liebreich describes, under the term "Lanolin," a new basis for salves, for which are claimed certain advantages over the glycerine fats and mineral oils, such as vaseline. In the various keratin tissues—skin, hair, hoof, and feathers—the fatty acids are united with cholesterin, forming a peculiar fat, to which the name lanolin is given, as it can be most readily prepared from wool. One of its most remarkable properties is the power of taking up an equal bulk of water, but the difficulty with which it decomposes, and the rapidity with which it is absorbed, are the qualities which make it especially valuable in comparison with the neutral glycerine fats and vaseline. The readiness with which lanolin is absorbed by the skin is explained by the fact that it is the neutral fat of epidermic tissues. Rubbing the hands with a 5 per cent. carbolic acid ointment made with it produces a sensation of numbness, without any irritation, in from one to two minutes, and a sublimate salve, 1: 1000, will give the characteristic metallic taste a few minutes after inunction. The addition of 5 or 10 per cent. of fat or glycerine to lanolin is recommended as giving a better consistence to the ointment.—*Medical News.*

A 1 in 2,000 solution of corrosive sublimate forms the best disinfecting agent for "sterilizing" a physician's hands.

Malaria.

If there is any one case wherein the multitude of the wise has darkened our councils, it is in regard to malaria. The bad air that strikes us from without, the spore, or the changed electric condition, or whatever concealed enemy it is, is as well able to elude us as it was before the days of the microscope. When Hippocrates was called upon to cure the malarias that were killing off the inhabitants of Abydos, he did it just as effectually and just as scientifically as we can do it now, although we know that the poor old father of medicine had probably never heard of a spore in his life. We are in condition then to receive whatever new thing may be offered in this matter, and to acknowledge, in the meantime, that what little knowledge we have upon the subject has gotten into a strangely disordered condition. In a paper published in the *Medical Record* of June 6, under the head of "Limitation of the Diagnosis of Malaria," Dr. Hudson makes use of the following language: "I am averse to the prevailing fashion of the day to ascribe vague symptoms, such as bodily languor, morning lassitude, persistent yawning, soreness of the muscles, bilious tinge of the skin and conjunctiva, coated tongue, eructations, torpid liver, sluggish bowels, etc., to malaria. The diagnosis in the last generation of 'liver disease' or 'biliousness' was equally a makeshift to cover inexact knowledge, but was often much nearer the truth, since indigestions are most frequently the cause of all the above symptoms."

Taking the above as true, as undoubtedly it is, we are forced to believe that what little knowledge we have in this case has covered itself with a name demanded by fashion. Malaria is a much better sounding word than gluttony; it is a term that takes the blame of overeating from the individual and saddles it upon the atmosphere, and it is much easier for a physician to retain his patients when he tells them that their disease comes from bad air, than when he tells them it comes from errors in diet. These are *moral* advantages certainly, but there is a practical disadvantage when the use of the word so far imposes upon the physician himself that he doses every little disturbance indiscriminately with quinine. There is a suggestiveness about the name, too, which makes it inconvenient. Almost every one outside of the profession, knows that quinine is a specific for malaria, and he goes to the doctor for a malarious attack about as often as he goes to him for a bad cold.

It is true, that in a malarious region all diseases may be, to a certain extent, influenced by the prevailing tendency, yet it does not follow from this that no other disease can occur there, and it does not follow that in every case the physician is justified in using quinine as a means of diagnosis. There is, however, a certain group of atypical malarial troubles whose diagnosis is extremely difficult, and for these and other cases the doctor lays down the following rules which would justify a diagnosis of malarial infection.

First. The history of a residence in a malarial district. This, however, must be accompained by splenic enlargement, and generally there will be associated fullness of the liver, cachectic fæces, etc.

Second. An initial chilliness, chill or rigor; sudden elevation of temperature, fever of an hour or two duration, subsidence with sweating. Or initial chill with pronounced fever, marked by remissions, with or without local congestions with each return of fever. These two are the typical remittent and intermittent.

Third. Quite independently of the nature of special symptoms, we are warranted in diagnosticating malaria, if there is a marked periodicity of recurrence or exacerbation.

Fourth. A periodicity of the temperature line, even though slight,—fractional—if continued without other marked symptoms, plainly denotes malaria.

Fifth. Changes in the size of the spleen and liver, as shown by percussion and auscultory percussion, when associated with history of malarial exposure, or former malarial seizures, lead to the inference of chronic malarial infection. But it must not be forgotten that without such history, the two organs are more likely to be invaded by the waxy infiltrate.

This general summing up of the salient features of malaria seems to us to be especially fitted to attract the attention of the profession at the present time.—*Kansas City Med. Record.*

[The familiar symptoms, general soreness, aching of bones, alternate rigors and "hot flashes," etc., generally suggest a diagnosis of malaria; but if we consider the many conditions in which these symptoms occur, we will see that such a diagnosis is extremely superficial and unreliable. Malaria is a scapegoat upon which many inaccuracies of diagnosis are heaped.—*Ed.*]

DON'T neglect to give the baby a drink of water once or twice a day. The nursing baby cries oftener from thirst than hunger.

Original Communications.

Short articles on the treatment of diseases and exerience with new remedies are solicited from the profession for this department; also difficult cases for diagnosis and treatment.

Articles accepted must be contributed to this journal *only*. The editors are not responsible for views expressed by contributors.

CERTAINLY it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—RUSKIN.

A Fuller Expression Wanted, and Given.

Editor MEDICAL WORLD:

In your December issue you remark, in a foot note to a certain letter which contained some alleged homeopathic suggestions, as follows: "No broad-minded and sensible physician will be in the least disturbed by the seemingly homeopathic expressions in the above article. It is possible for a physician of the regular faith to be narrow and illiberal. We must remember that regular medicine is as broad as truth; and that we must be broad to be regular, in the highest sense of that term." Is it to be understood by this that you indorse in whole or part homeopathic principles? If so, would you object to publishing your idea as to how far a physician can adopt the foundation principles of homeopathy, which I understand to be "*similia similibus curantur*," and the use of infinitesimal doses of specific remedies, and still continue regular? The reason for asking this is because your position is not exactly clear to me in regard to this matter, and besides, while I desire to be broad, liberal, sensible, and *honest* in my practice of medicine, yet I cannot see my way clearly to the adoption of the above principles at the present time. I will be thankful if you will answer the above questions at your earliest convenience.

Cleveland, O. W. K. CHERRYHOLMES, M.D.

[It is with pleasure that we express ourselves more fully. We do *not*, in whole nor in part, indorse homeopathic principles, which are correctly given above. We consider them fallacious. One of the "seemingly homeopathic expressions" in the article referred to is: "I now use cyanide of mercury, third decimal trituration," etc. We have known physicians who would hold up their hands in holy horror, or sneer at the word "trituration," or "decimal dilution," or "globule." We claim that physicians have a right to triturate their drugs, if they so wish, or to give small doses frequently repeated, without being considered homeopathic, or indorsing homeopathic principles.

While we are on this subject, we will say that in our opinion the influence of the homeopathic sect upon the profession has not been entirely without good. It has indicated to us the value of the "let alone" treatment, which, combined with hygienic surroundings, is the best in a large proportion of cases. It has also suggested to us the advantages, in many cases, of small doses frequently repeated, instead of larger doses at longer intervals; also the importance of remedies not disagreeable to the taste, particularly in cases of children.

We are, we think, very justly disposed toward the sects, and think that their influence has been to help advance medical science, and broaden the profession somewhat; but we regret that they do not give up their distinctive titles and join the ranks of the non-sectarian profession. We have no doubt that individuals within the profession follow vagaries quite as distant from the truth as the homeopathic principles, but they have the good taste not to attach a distinctive title to themselves, and the prudence to remain in and work with the profession. The tendency among the most advanced homeopathists and eclectics is to drop the distinctive title. The New York *Medical Times*, a very ably conducted journal, dropped "Homeopathic" from its title a long time ago. The Massachusetts *Medical Journal* just last month dropped "Eclectic" from its title. The ablest, broadest and most liberal medical men find the title "doctor" or "physician," without modification or qualification, sufficient to express their profession.—ED.]

The Oxygen Treatment.

Editor MEDICAL WORLD:

In response to many inquiries from your numerous readers, stimulated, no doubt, by my frequent references to it in your columns, I desire to give a brief, but somewhat more satisfactory account of the above treatment than can be attempted in the brief letters of reply I have found time to write.

This treatment is not new, having been been practiced by various eminent physicians as early as 1773, by Dr. Beddoes, Professor of Chemistry at Oxford, in 1789, and later, by Drs. Hill, Thornton, Cavallo, and others, in 1818-20, etc.

The cases treated included aggravated cases of *asthma, cardiac weakness, caries, spinal deformities, arrested development, epilepsy, hip-joint disease, hysteria, and various female diseases; lupus, malignant tumors, neuralgia, and intractable skin diseases.*

In all these cases the success was encouraging, in some of them fairly wonderful.

Notwithstanding the candid and conscientious reports of Beddoes, Hill, and others, the treatment was remanded to half a century of neglect, and is, in fact, but just beginning to attract the attention it merits at the hands of the profession.

My experience with it extends back twenty years, and I have, from time to time, published results attained in my practice, first in the *Chicago Medical Journal.* (1869), and later in the *Medical Record,* (1883-85), in the Trans. Vermont State Medical Society (1884), *The Physician's Magazine* (1885), etc.

A condensed summary of conclusions may be quoted from these papers, to which, however, I would refer interested parties for a more satisfactory estimate of the range and value of the treatment.

The stereotyped impression that oxygen is a physiological stimulant belongs with scores of other scientific delusions.

The feeling experienced after inhaling pure oxygen, artificially prepared, is one of restfulness, rather than one of stimulation.

A few weeks' judicious use of the oxygen treatment, (by which I do not mean merely a few daily inspirations of unmodified oxygen gas,) will usually be followed by:

Increased activity of the digestive, assimilative and excretory functions; hence follows relief of chronic constipation, and return of normal appetite.

Steady improvement in the quality and increase in the quantity of the blood.

Dyspnœa, from any cause, relieved; (severe asthma not excepted, the treatment proving almost a specific for this distressing and intractable malady).

Softening and resorption of morbid deposits of every character, whether lymphous, tuberculous or cancerous.

Habitual headaches and neuralgias of almost every form—even chronic sciatica—cured or materially alleviated.

Marked increase in the breathing capacity.

Progressive "toning up" of the muscular and nervous systems.

Restoration of voice in some cases of nervous aphonia and lost vocal power.

Removal of neurasthenic conditions.

Increased buoyancy of spirits.

Relief of inveterate insomnia.

Invigoration of injured or declining virile power, and, in a word, *increased mental and physical vigor.*

Nor are these results merely temporary, as from stimulation. They are essentially permanent and substantial.

Except in special cases, I do not use oxygen undiluted and unmodified. The addition of nitrogen monoxide, N_2O, to pure oxygen, and its proper dilution with common air, according to the cases in hand, is an essential feature, and one which is almost wholly overlooked by modern experimenters with oxygen.

Another member of the oxygen group, but little known, but which is destined to be held in high esteem when it is more generally known, is the *dioxide of hydrogen,* more generally called the peroxide.

Externally it is of inestimable value as an application to foul and sloughing ulcers, in purulent ophthalmia, whether simple or specific, to purulent otorrhœa, to indolent and aphthous ulcerations, carbuncles, etc. The latter agent may now be had in convenient form and of very pure quality.* The twelve volume solution is as strong as it is feasible to keep, as it is easily decomposed.

The best method for evolving pure oxygen, as yet made practicable, is by the chlorate of potash and peroxide of manganese process. With a little chemical skill, and by the exercise of punctilious care, one may be positively sure of the quality of his gas, when obtained by this method.

Reprints of most of my papers on the subject have been issued, and will be furnished to inquirers in lieu of personal response by letter, since the latter method has proved too great a tax on my time.

I trust correspondents will accept this as a general apology for any apparent neglect.

SAM'L. S. WALLIAN, A.M., M.D.
6 Lexington Ave., New York.

[A highly original and interesting article from Dr. Wallian, on "Psychic-Sexual Anomalies" is received, and will appear next month.—ED.]

Milk in Typhoid Fever.

Editor MEDICAL WORLD:

Noticing in the November and December numbers of THE WORLD the articles upon the treatment of typhoid fever by the exclusion of milk from the diet, and being somewhat interested at present in the treatment of that fever, allow me to ask what was the diet of those patients who were deprived of the milk. I ask this question, first, because when an article which is so universally used as milk is eliminated, some other article should be

* F. Alfred Reichardt & Co., 96 Liberty street, N. Y., at my suggestion have arranged to supply the profession with a uniform and reliable preparation, and at reasonable price.

advocated; and, secondly, because I have treated thirty-eight (38) cases of typhoid fever this fall with a diet composed mainly of milk, either peptonized or treated with lime water.

The average highest temperature was 104.2° in these cases; the highest temperature was 109.4° (!), which was taken on the first day of observation. There were but three deaths, one being brought into the hospital in a comatose condition and lived but one hour after admission. I still have several cases under observation which are doing all that could be desired under the milk diet referred to above. If the writers mean by the "indiscriminate use of milk," milk which has not been partially digested with pepsin or treated with lime water, I heartily agree with them; but I take it that when milk is mentioned as a diet now-a-days, it is implied that it has been so treated.

H. W. SKERRY,
St. John's Hospital, House Physician.
Brooklyn, N. Y.

Milk in Cholera Infantum and Typhoid Fever.

Editor MEDICAL WORLD:

I think Dr. J. A. Henning is right in withholding milk in cholera infantum, especially cows' milk; for, besides containing more albumenoids, it coagulates into firm masses, while human milk forms flocculent curds. I have often wondered whether it would not be well to withhold everything but water, because digestion is almost, if not wholly, suspended, and it is evident that food which is not digested can do nothing but harm; besides, the patient either dies or improves so quickly that there is little danger from inanition. If the mother's health is impaired from worry or excitement, as it is liable to be in such cases, her milk is usually injurious, and fatal cases of poisoning from this cause are recorded. Small children often drink milk simply because they cannot ask for water.

I beg leave to differ with the Doctor in regard to withholding milk in typhoid fever, but before giving my reasons, would like to know what kind of nourishment he gives in that disease. W. H. TEN BROECK.

Paris, Ill.

"Stamping Out" Small-Pox.

Editor MEDICAL WORLD:

Vaccination is the principal business here just now. Small-pox broke out here in a house containing two families last spring, and was not diagnosed for some days after the eruption appeared, which it seems was not characteristic, and two children died. A number of the neighbors came in to see them, but fortunately all the visitors had been vaccinated except one, who, I believe but am not positive, had not been vaccinated. He was a sea-captain, and before going away came ashore and visited his wife, who was down with varioloid. He took the disease and died in Boston in about three weeks from the exposure. The Board of Health isolated the house and vaccinated all the neighbors, thus confining the disease to the one house. In two months it was completely stamped out. There has not been a case in this city since. Now the Board of Health is making vaccination compulsory, and a house-to-house visitation is being made, and every person who has not been vaccinated since childhood, or not at all, must submit to the "sore arm." In this way this city has prevented any epidemic of small-pox for many years past. Three times within fifteen years it has been here, but only a few families were infected, and it was prevented from spreading by the careful efforts of the Health officers. THOS. W. MUSGROVE.

Carleton, New Brunswick.

Abortive Treatment for Gonorrhœa.

Editor MEDICAL WORLD:

In reply to Dr. Hendershot, I can inform him as to making urethral bougies. Use cocoa butter and white wax, incorporating the medicine required. To coat them with gelatine, dissolve the gelatine in water by heat, adding any remedies desired, in the form of non-deliquiscent salts, or fluid extracts. Having stuck the bougies on pins, dip them in the gelatine when lukewarm, only for an instant, drip and dry without artificial heat.

While upon this subject, allow me to say a single word regarding the abortive treatment of gonorrhœa, which is more frequently talked about than accomplished. Let the readrse of THE WORLD, who I take it are the practical members of the profession in America, when having a fresh case of specific catarrh of the urethra, take a rubber bougie, smear it with pure balsam of copaiba—no Canada balsam or other adulteration—insert it so as to come in contact with the walls of the passage, removing it in a minute or so. To be repeated the second day, while the patient is otherwise medicated only to meet other symptoms if they exist, and directed in regard to diet, etc.

The first application usually does the business with no complications or unpleasant sequel.

Mansfield, Mass. I. H. STEARNS, M. D.

(For the Medical World.)

Prof. Schroeder's Obstetrical Clinic at Berlin.

Editor Medical World:

Your November No. just came to hand. Prof. Schroeder this morning spoke on the management of placenta previa. He advises to perform podalic version as soon as the size of the os allows, then to leave further dilatation to nature, using the protruding limb as a natural tampon. This, he argues, is devoid of objections holding good against all other forms of tamponade, such as their uncertainty, in being liable to slip when they are applied insufficiently, their inconvenience in producing the effects of pressure on adjacent organs, their danger of proving the cause of septic infection, etc. In case of central implantation he advises perforation of the placenta. Obviously this plan almost certainly in every case sacrifices the life of the child. To this aspect Prof. Schroeder adds, that the life of the child under all circumstances is in hazard, and while this method almost invariably insures the best chances for the life of the mother, it noways necessarily entails the death of the child. In the case of placenta previa centralis giving occasion for these remarks, the obstetrical attendant waited five hours, when natural delivery occurred with best results for the mother.

A "puerpera" was presented who had on this, the ninth day after confinement, passed through a normal child-bed, though the quite entire decidua had failed to come away with the placenta, and was not expelled until the seventh day. It then came away spontaneously, not putrid or offensive. Prof. Schroeder advises in all cases where such retentions occur, to leave them to nature, except where frequent digital examinations had preceded delivery, or where extraordinary conditions had required the introduction of the hand or forceps into the vagina or uterus, thus admitting air and possibly germs of infectious disease. In these cases he advises thorough evacuation and antiseptic irrigation of these parts.

A pregnant woman in the thirty-third week of gestation, complicated with cancer of the cervix, had been presented on a former day and was now reported on. The proposed treatment, *operatio Cæsaria* and simultaneous extirpation of the entire womb, after having previously freed it per vaginum from its connections to the latter organ, pending deliberations on the expediency of waiting another week or two, to better insure extra-uterine viability of the child, was precipitated by nature, labor setting in spontaneously. Four hours of uterine contractions had made no perceptible impression toward dilating the os. The above operation was then resorted to, at ten o'clock P. M. the child was delivered dead. The mother was subjectively very well on the following morning, but died on the second day with septic fever. The cervix was found to be encased in a firm band of carcinomatous tissue extending over its entire length and fully three quarters of an inch in thickness.

Berlin. Dr. H. O. Pantzer.

Tonsillitis and Diphtheria.—For Malaria.—For Constipation.

Editor Medical World:

Is it a common occurrence for tonsillitis and diphtheria to exist at the same time? I wish to report two fatal cases of tonsillitis and diphtheria which occurred in our town a short time since. Willie H., aged 12 years, was taken with a very sore throat. The family physician was called, and he pronounced the disease tonsillitis. The little boy kept growing worse, and, within ten days from the first attack, died. About three days before the little boy died, his mother was taken with tonsillitis, as Dr. T., called it, and within five days she was a corpse. The day the mother died a consultation was held, and the consulting physician pronounced the disease to be diphtheria. The attending physician was highly censured by the neighborhood for his error in diagnosis. If any of your numerous readers have ever met with any such complication, I would like to hear from them.

I wish to give your readers a prescription used by me for malaria. I have never known it to fail.

℞ Sulph. quinæ.....
Hydrastin.....aa ʒ j
Pulv. capsici..... .....grs. xij
Hydrarg. subchlor.....grs. x

M. Divide into 60 pills. S. One pill every three hours.

As a laxitive, especially for pregnant women, I have found nothing better than the following:

Best prunes.....½ lb.
Best figs.....½ lb.

Chop fine, then add ½ oz. of pure senna and molasses enough to make a thick paste. A piece of this paste about the size of a hickory nut is sufficient to move the bowels; if not sufficient, repeat the dose in about four hours.

Freedom Plains, N. Y. Austin T. Fink.

Obstetric Anomalies.

Editor MEDICAL WORLD:

Dr. Kemper, in your October No., wishes to know if it is common for physicians to meet with cases of dead fœtus being carried for a length of time without sickness or inconvenience. I think not. I met with a case very much like the Doctor's many years ago.

Some thirty-five years ago, I was called to attend to a young married woman with her first child. She was delivered of a dead child about fifteen inches long, of a dark brown color, nothing but skin and bone, and pressed quite flat. Ten hours afterwards she was delivered of a child at full term. Mother and child did well. These two cases are the only ones I have met with in a practice of forty-four years.

Dunksburg, Mo. B. F. DUNKLEY, M.D.

Pepsin; A Query.

Editor MEDICAL WORLD:

I have lately had a case of stomach disease, speaking broadly, dyspepsia, which died of thrombosis. In this case, where not one well-known drug seemed to have its usual effect, pepsin had the effect of causing extreme vertigo. Patient complained of everything turning black, suffered great pain under xiphoid cartilage, and seemed about to faint. I was told that on an occasion three or four years ago, another doctor gave pepsin to this patient with the same effect. I used McKesson & Robbins' lactated pepsin, and know that this particular package was good.

Can any one explain this, or parallel it?

Santiago, Minn. G. C. BUCHANAN.

EARLY gout, life soon out."

A PROBABLE CAUSE OF SOME MONSTROSITIES.

BY EPHRAIM CUTTER, M.D., NEW YORK CITY.

Editor MEDICAL WORLD:

So far as known to the writer, the observations in the following paper are new and original, made by two observers on different subjects and with a period of some ten years or more between the observations of each; there is thus less chance for mistake. They are positive observations which here are recorded, and their value must be settled by the lapse of time.

The mystery of being and the transmission of life are none the less wonderful enigmas because they relate to ourselves and our offspring.

The most ardent woman's right advocate cannot deny that she is acknowledged as a power in teratology. At a monstrous birth the usual query is as to the history of the mother. Painful or unpleasant impressions before the fourth month of gestation have been followed by monstrous births. Congenital nævi are everywhere called "mothers' marks."

The writer once delivered a woman where the deformity of the child was in the feet. On one foot the toes were ragged and uneven, while the other foot terminated like a soliped. At about the third month the mother saw a dog mangle the feet of one of her older children.

It is a point in this paper to show that the teratologist must look to the male for some of the monstrosities. Abnormal forms of human spermatozoa are found, which account for double-headed and bodied monstrous births better than our past state of knowledge. Some of these monsters have lived to maturity and are now making public displays for a living. They sing duets and play four-handed pieces on the piano.

The following abnormal forms have been observed in the sperm of man:

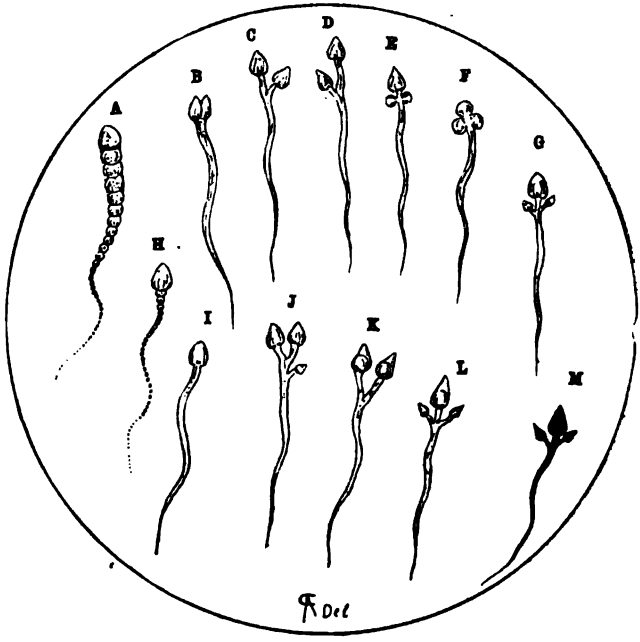
1. Spermatozoa with two bodies.
2. Spermatozoa with three bodies.
3. Spermatozoa with one body and two tails.
4. Spermatozoa with one body and three tails.
5. Spermatozoa with two bodies and two tails.
6. Spermatozoa with two bodies and three tails.

One spermatozoon is deemed enough to impregnate one ovum, and to transmit the qualities and peculiarities of the sires or grandsires to the offspring.

Large sums of money are spent by agriculturists to breed stock from sires of noted physique. It is a matter of common conversation to hear comments on heredity and descent from the sire. This, then, being the power that invests a single spermatozoon, what is to prevent the reasonableness of inferring that a double-bodied, riple-bodied, double-tailed, or triple-tailed spermatozoon, singly or in combination, may produce a double-headed or double-bodied monster, such as exist on the earth?

And in the light of this communication may it not be that the difficulty in regard to a given monstrosity is in the testis of the father?

The first mention of monstrous human spermatozoa known to me was in an unpublished paper by Dr. J. H. Salisbury, dated 1861. He told me of this paper in 1867. By a reference to his paper the forms in a live state, depicted in Figure 1, were found, which may be described as follows:



(FIGURE 1.)

Monstrous Spermatozoa in Man Living. Observed by DR. SALISBURY.

I is a normal spermatozoon for comparison.

B is a double-header, where the heads start from one neck at the blunt end of the body.

C is a double-header, with second head on a neck below and to the right of the first head, which is also on a neck.

D, same as C, with second head turned to the left.

K, a double-header, with a bifurcation ending the body with symmetrical necks.

J, a triple-header, where a double header has a third smaller head projecting from the body below the bifurcation—not being fully developed, but having a distinct neck.

E, F, G, L, M, are triple-headers. E is a sperm with two globar heads, almost sessile, situated opposite each other and just below the primal head.

F, like E, but the three heads all about the same size, globar and sessile.

G is like E, but the second and tertiary heads are less than half the size of the proximal head, and are provided with necks.

L and M are like G, but the extra heads have longer necks and more developed.

H is an ordinary spermatozoon, where the body and tail are moniliform, the larger-sized beads being next the head, and each beaded portion diminishing in a uniform taper to excessive minuteness at the end of the tail.

A is a monocephalic spermatozoon, with the body and tail divided into beads. Those of the body are nearly of the size of the head, and the taper not diminishing so rapidly in the cephalic as in the caudal half.

I, Figure 2, represents a spermatozoon with one normal head, and with the body divided into two tails.

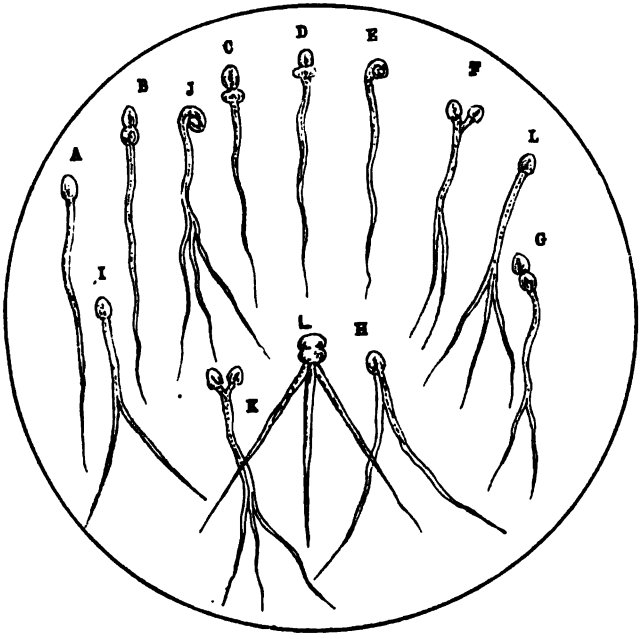
The proportion of monstrous spermatozoa varied in different individuals. The average was one in about 50,000. They moved much stronger, but slower than the normal forms. The difference was so great that they were first recognized by their slow, sluggish, but vigorous movements.

All these abnormal forms have been noticed in the same individual, as well as in different individuals.

The investigations that resulted in this discovery "were made on eight strong, healthy men, Teutons, varying in age from 25 to 30 years.

"In so delicate a matter it required no small persuasion to excite sufficient interest in the proper persons for them to allow me to experiment upon them in such a way as to make the researches of scientific value. As far as these labors have gone, I believe they may be relied upon for having been conducted with care and fidelity."

What precedes is the evidence of Dr. Salisbury. Corroboration by another witness is in order. The writer has studied the subject from a different point of observation—to wit, in the urine of patients, suffering from spermatorrhœa or not.



(FIGURE 2.)

Monstrous Spermatozoa from the urine aforesaid. Observed by the writer, E. C.

A is a normal sperm for comparison. B, C, D, F, G and K are double-headers. In B the double heads lie in the long axis of the body. In C the proximal head is wider than the distal head. In D the proximal head is so much broader that one might think it would become a triple-header had its growth continued longer. F and K are like those of Dr. Salisbury's as to their heads. L has two heads of equal size. H and I have one head and two tails, I is a form such as Salisbury describes with two tails, each half as long as the body. F and G have two heads and two tails. In F the heads are mounted on necks. In G one head is above the other. J and L, near G, have one head and three tails. L is a double header with three tails. K is a double-header with three tails. E is an abnormal-headed spermatozoon with one tail. J is the same as E with three tails. J, Figure 1, has also been observed by me. The tails of L and H arise close up to their heads. These monstrous spermatozoa have been seen by me in about a dozen cases, and demonstrated to others so often that those who choose to non-accept these testimonies will not commend themselves as good observers of the rules of evidence.

REMARKS.—Possibly those who may care to go over the ground themselves may find an advantage in following the simple plan of the writer in the examination of the urine for the abnormal spermatozoa. I use a cell $2\frac{1}{2} \times \frac{3}{4} \times \frac{1}{16}$ inch, which may be made of a glass slide cemented with strips of glass. This put on a horizontal stage, and a dry $\frac{1}{4}$-inch objective, with a long working distance, gives a large field to work with, and saves time and trouble. The old-fashioned stand of Lerebours and Secretan is just the thing for this work; but, as this is out of date, the same horizontal stage may be secured by following the example of Prof. Nunn, of Savannah, Ga., by attaching the prism to the eye-piece tube. He uses a tube some six inches long, and finds it very useful when attached to an ordinary stand to demonstrate to his students and friends.

The cases I have seen are about a dozen—one of them observed last summer.

Dec., 1885. 213 W. 34th Street.

Vaccination, Damiana, Etc.

Editor MEDICAL WORLD:

We see much of late in our medical journals concerning vaccination and re-vaccination, and the question is asked: "Does it ever run out if properly done?" I do not think the question is definitely settled in the minds of the profession, and I am of the opinion that it will be a long time before it will be.

I wish to relate here a case and then ask any and all of the "Household" if they know of any such case. What I state I *know* to be a fact, for the person alluded to is the writer of this article.

During the first eight years of my life, I was vaccinated on four different occasions and it never worked. Other children in the neighborhood, as well as my own brothers and sisters, were vaccinated at the same time and out of the same "scabs," and all worked. The good old family doctor told my father, after the fourth trial, that it was "no use to vaccinate *that* boy any more, as it would never work in him any way." I distinctly remember hearing my father reply that he thought very strange, as "everything else worked in *that* boy that he ever heard of." But to the point. Since my youth, at different times I have been vaccinated twenty-two times, each time out of the same virus that worked in other persons with success; thus making in all twenty-six times that I have been vaccinated and no *work* yet. On one or two occasions I remember that a *very slight* redness and itching was produced by the virus; "only this and nothing more."

During my professional life I have treated varioloid and confluent small-pox on many occasions without any fear or trouble from it whatever. Now, what I wish to propound to my professional brethren is this: Did you ever hear or know of such array of magnificent resistances to the influence of vaccine virus as well as to small-pox itself?

Although I am a firm believer in the *fact* (not theory) that "vaccination protects," am I not a terribly good example for the anti-vaccinationists to point to with pride? Seems to me I can see them pointing now. Now brethren let us hear from you concerning my case. It may be well to add that I have always been exceptionally exempt from all contagious diseases, although repeatedly exposed to them all. The only contagious diseases that ever disturbed me were whooping-cough, measles, and the itch. My experience goes to show that once having the latter comfort does not exempt from future attacks.

In reply to Dr. Burton, of Lehigh, Iowa, who wants a positive remedy for "atrophy of testicles following complication of mumps," I would say that if the patient has fully arrived at the age of puberty, fluid extract of damiana (P. D. & Co.'s) will undoubtedly give the best results, combined possibly with dilute phosphoric acid, or fluid extract of staphisagria, or both. If a child, let him grow to it. I have treated several cases of atrophied testicles in men resulting from different causes, using damiana as the central figure around which other remedies were made to revolve, and have had satisfactory results. To be frank, I find damiana a good thing to have in most families. My experience has taught me that it is a soother of many family troubles, a dissipator of many sexual short-comings, and in one case it was a prohibitor of divorce. Brother doctors, the fluid extract of damiana is a good soothing syrup for children of a large growth.

Bellaire, Mich. ELMORE PALMER, M.D.

Syphilis and Marriage.

Editor MEDICAL WORLD:

I have just been reading Fournier's "Syphilis and Marriage" a second time. It is a most excellent book, and no physician who has syphilis to contend with (and what one has not?) can afford to pass it by. The lecturer's style is very taking, and the way he has of putting matters carries with it an originality, as well as a deal of force. The suggestions the author makes in regard to the care, skill and ingenuity necessary to treat a woman contaminated with syphilis by her husband, and yet not have her suspect the true state of affairs, are timely. Indeed, timely does not half express it. To successfully act the part of a sneak is so foreign to an honest doctor, that, act as he may, he will seldom succeed in his undertaking. I have in mind a case which proves the utter impossibility, sometimes, of a doctor carrying out the deceit to the end, and at the same time preserving the confidence of the family. The case will bear the light of cold type, for the lesson that it teaches is valuable.

A young, robust river-man, while on one of his cruises, listened to the syrenic voice of a lost and hardened cyprian, and got as his reward a fine chancre. Not being acquainted with the chancre family, he treated his new acquisition with studied neglect. When he came home, he succeeded in imparting a second edition of his sore to his wife. In due course of time he thought he would get the aid of a doctor for his extremity. Being assured that he had a full-sized calamity on

hand, he was so dumbfounded that he forgot to say that he had approached his wife since the sore made its appearance, and thus it happened that while he was being treated, she was not. The pangs of remorse finally got the upper and better hand of him, and he then explained the whole case of his wife. Upon being assured that she ought to be treated at once, he flatly refused. In time, the necessity of doing something brought him to terms, and he by some sort of lying got her to be examined with a view of being treated for womb disease. A very great need of active and long-continued treatment was easily discovered. Then began a race for supremacy. By this time secondary symptoms began to appear. The wife, not feeling or knowing the need of close attention to taking the medicine, neglected it. The husband having gotten rid of the sore on his penis, saw no good use for taking much medicine, and he also neglected it, despite all the advice and repeated warnings of the doctor. About this time the wife became enceinte. Although the husband was warned as to the result, and charged to keep up his own and her treatment, he failed, and at full time she gave birth to a child that lived less than two weeks. It was a living skeleton, and had it lived two days longer the corneal ulcers of its eyes would have caused total blindness and evacuation of the aqueous humor of both eyes. The wife had hardly recovered from her confinement when secondary symptoms again became manifest, and she then utterly refused to take any more medicine, attributing the loss of the child to the strong medicine taken while carrying it. Willing to believe anything that let him out, the husband joined her and they unceremoniously discharged the only friend they had, and the one whose advice religiously followed would have saved them. Then they began a system of patent medicine treatment which ended, as it always does, in failure, a not unexpected, or to be expected event. This course naturally led to a system of irregular doctoring with various physicians. Is it necessary to follow this couple in their hopeless journey after health, as hopeless as was Ponce de Leon's search for the fountain of youth?

In the end the unfortunate wife, ignorant of all the cause of trouble, was stricken with paralysis and never fully recovered. The husband, the real culprit, escaped almost entirely, except that his voice was almost lost by a syphilitic laryngitis not attended to.

In the meantime, what was the lot of the faithful physician who did all he could to avert this double, yes, triple calamity? The husband joined the wife in cursing him and his treatment, and attributing all her misfortunes and his calamities to his ignorance and professional stupidity.

This case came to my knowledge many years ago. I have heard of many of the villainous charges of the unfortunate couple, but the physician, now an old man, has never opened his mouth in defense of himself and his treatment.

So, after all, does it pay? Is it right? Is it honorable, even to save a man's good name to his wife, for a doctor to allow himself to be a party to a crime? No doctor can play the part assigned him in such a case without losing self-respect sooner or later in the course of the case. Would it not be better to let husbands or wives who sin stand or fall by themselves? It might permit families to be wrecked; but must your reputation go security for the adulterous work of men who are sorry when it is too late?

J. A. De Armond, M.D.

Le Claire, Iowa.

The Diagnosis of Insanity.

Editor Medical World:

It is of the utmost importance that the general practitioner should ever be on the alert to discover those signs that announce the approach of mental disease. To properly estimate the significance of a given sign, it will be first necessary to have a complete family and personal history of the patient. In our researches to obtain the evidence on which to decide the degree of heredity entering into the case, distant as well as near branches of the family tree must be critically examined. The individual history should likewise be full and authentic. On these points too much labor can hardly be spent.

The direct examination requires tact. The introduction should be easy and natural. In a majority of cases the patient is conscious of some physical ailment, and will attentively listen to any suggestions that promise him relief. Right here we would say, do not promise too much. Keep within the bounds of truth. The favorable aspect of even a serious case can be told to a patient in such a sympathetic manner as to inspire confidence in the medical attendant. Having gained the patient's good-will, it is usually not a difficult task, in most forms of mental aberration, to draw him out and learn his precise mental state. If on the verge of insanity, he will probably speak of his morbid temper, depressed spirits, inability to attend to his usual business, poor memory, confused state

of mind and defective power to concentrate thought. He refers to his brain as feeling tired; he seems utterly exhausted and longs to die. Those friends once so highly prized are now regarded with distrust, and the employments that afforded so much pleasure only a short time ago are now distasteful. He may state that he is restless by day and sleepless at night. Little things worry him. He magnifies the evils of life and imagines absurd things to exist. The individual is not his former self. A change has gradually taken place. He sees and does things from an unaccustomed and false standpoint.

The foregoing remarks are more directly applicable to the early stage of general mental disease. During the formative period in most cases of partial insanity, the patient's mind may appear normal to the casual observer. The monomaniac at first, and the person becoming afflicted with moral insanity, for example, do not readily reveal their true mental status to strangers. With an accurate knowledge of the particular form which the mental aberration takes, and by the exercise of that good sense which is indispensable in our intercourse with the insane, the patient will usually unwittingly enable the examiner to fathom his mind. More than one interview will often-times be necessary to do this satisfactorily. In those delicate, obscure cases which occasionally arise, the responsibility resting upon the family physician is great, and he should perform the duties growing out of his relation to his patient promptly and impartially. He should be sure that his diagnosis rests on a sure foundation. This and this alone will give the physician confidence, enable the patient to have proper care, and the physician himself will escape the legal penalties of committing a sane person to an asylum.

Gilsum, N. H. I. A. LOVELAND, M. D.

An Obstetric Anomaly.

Editor MEDICAL WORLD:

In some of my medical papers I have said that after one had attended many hundred cases of midwifery, the next case he went to might present him something entirely new in his experience. Just that happened in a case, not long ago.

Was called to attend M. W., in her first confinement, she being about eighteen years old, and at term with an illegitimate child. My first examination disclosed head presentation, without any thing unusual. Examining again at the end of an hour, the middle finger being thrust well into the hollow of the sacrum, the end of it slipped into at what first seemed to be a hole running backward towards the rectum. Curving the end of the finger downward, and thus flexing it towards the hollow of the hand, I found that the hole came out at the extreme entrance of the vagina, thus forming a supplementary entrance to the vaginal canal. This supplementary entrance was at the posterior part of the vagina, and when undistended, lay directly back upon the rectal wall. It was about one and a half inches deep, large enough to admit the finger readily without any effort at stretching it, and was sufficiently elastic to admit a good sized male organ. It was apparently of the same character of muscular tissue as the walls of the canal; was attached on one side to the main canal at near the middle of the sacral wall, and at the other side on the left aspect of the canal at a distance of about one-third of the caliber of the passage. The size was say 1½ inches in depth, one inch in breadth, and about three-sixteenths of an inch in thickness.

My first impression of the action likely to take place with this superfluous tissue, in the progress of the labor, was that it would remain laid down upon the posterior side and floor of the vagina, and that the face of the child would pass over it and hold it down in the position it occupied at the commencement of delivery. But as the canal became more extended by the descent of the head, this hymeneal membrane became lengthened in the direction of its attachments and very much shortened in what I have called its depth, by being picked up by the descending head. This was accomplished gradually; and finally, what was at first a mere fold at the posterior part of the canal, became a cord stretched across the fœtal skull from the anterior aspect of the vagina to the posterior, dividing the passage into two unequal parts, of about one-third on one side to two-thirds on the other.

How much obstacle to the passage of the head this might have offered, if left alone, I do not know. It had to be divided either by forcible interference or the strength of the parturient effort; and as there was no good in waiting for the latter result, I gradually tore it in two at about its middle. The tearing was preferred to cutting, as less likely to result in troublesome hæmorrhage, and as also dispensing with what might have been called an "operation." It also saved explanation—a thing desirable to a practitioner not over fond of the "chin business." The patient knew nothing of anything unusual.

The young woman was confident she should never be caught in such a condition again.

Notwithstanding that, such a thing is quite within the bounds of the possible. Should opportunity be offered for another vaginal examination in the future, I should expect to find the membrane, which, when torn in two, was an inch and a half long from both points of attachments, retracted into two mere nub-like projections from the walls of the canal.

As for interference of this membrane with copulation, I should say that it was not at all in the way, and that the intruding organ passed over it without disturbance to either party.

Rocky Hill, Conn. R.W. GRISWOLD, M.D.

A Resort for Consumptives.

Editor MEDICAL WORLD:

I wish first to endorse all the favorable comments which have been made on your excellent journal. It is all that has been claimed for it, and more.

While Asheville has been a resort for phthisical patients for many years, there were never so many winter invalids as at present. And, where there is any hope of recovery, they soon improve in appetite, digestion, sleep, and strength. Hardly a week passes but I meet some one who has overcome a phthisical tendency by a longer or shorter residence in these mountains. The other day I found, on conversing with one of our residents, that he came here nine years ago from Raleigh, in this State, for his health; that his physicians told him he would probably not live a year if he remained there. He came here at that time, where he has remained since, and for several years has considered himself perfectly well. And the fact that his grandparents, parents, brothers and sisters died of consumption, certainly lends interest and value to the case.

J. A. Reagan, A. M., M. D., member of the State Examining Board, states that in thirty years' practice in Weaverville, six miles from this city, he has not seen a case of "sporadic" consumption.

Dr. Chaillé, of New Orleans, wrote* that he spent three to five months annually in this region for four years, and was often consulted by the resident population, and saw but one case of consumption, and that in a mulattress, not a native of this section.

Dr. Huntington Richards writes† that "short of the often inconveniently distant Rocky Mountain Plateau of Colorado, New Mexico, and Arizona, *no better elevated winter and summer resort for phthisical patients exists* within the territory of the United States, *probably none as good.*" The italics are mine.

With all due respect to Dr. Goss, I beg to differ with him regarding the climate of this region. Certainly a resort having the mean winter temperature of Geneva, Turin, and Milan, in Europe (37.87°), cannot be cold enough to be prejudicial to consumptives.

Prof. Alfred L. Loomis, in his work on practice, states that the best results, where evidences of consolidation were present, were obtained in those who stayed from one to three years in mountain regions 1,500 to 2,000 feet above the sea; and he mentions Asheville as a resort where the most beneficial and permanent results were obtained.

Any physician interested in the subject may obtain a pamphlet on this region by addressing the writer.

The following is a favorite formula at Brompton Hospital for Consumptives, London, and Dr. Williams told me that they had these troches made by the barrelful. I wish that it might have appeared among the formulæ of cough remedies in the December number:

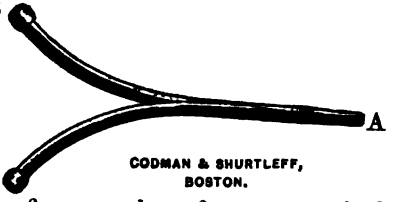
℞ Extracti opii.....gr. vi
Pulveris ipecacuanhæ.....gr. xx
Olei anisi.....♏ xxx
Massæ trochiscorum acaciæ.....ʒ x
M.—Make into sixty troches.

Asheville, N. C. E. A. GATCHELL, M.D.

A New Catheter Attachment.—Cystic Therapeutics.

Editor MEDICAL WORLD:

This simple contrivance I have used in my practice for a number of years, attached to a catheter in washing out the bladder and other cavities. The attachment is shaped as the above cut represents. A is to be connected to a soft rubber catheter, or any other kind, when required; B to the syringe by a short piece of rubber tube; and to C a rubber tube from one to three feet in length, as may be required; this is the efferent, or waste tube to draw off the injection. The tube can be compressed by a clamp, wire spring or which is far better, the thumb and finger,



*"The American Mountain Sanitarium for Consumption, at Asheville, N. C.," by Stanford E. Chaillé, A. M., M. D., 1878.

†"Reference Handbook of the Medical Sciences," 1885, Wm. Wood & Co.

while the injection is running into the bladder or other cavity. A fountain syringe or graduated bottle is best to use, as the quantity of injection can be carefully regulated and pressure controlled.

The following formulæ I have found very efficacious:

For Acute Inflammation and Gonorrhœa of the Bladder:

℞ Resorcin.....ʒ ij
Acid. boracici.....ʒ iss
Zinci sulph.....grs. iv
Aquæ.....ʒ viij

M. (The water should be boiled, and soft water used). Inject two ounces at first, let it remain two minutes, draw off; then inject three ounces, let it remain three minutes, draw off; then inject four ounces, and continue until the injection returns clear.

For Pain in the Bladder: After washing out the bladder with a solution of ten grains of borate of soda and five grains of boracic acid to the ounce of boiled water, use the following:

℞ Cocaine hydrochlor.....grs. iv
Acid. boracici..... " xv
Aquæ..... ʒ iv

M. Inject two ounces and let it remain.

For Chronic Cystitis:

℞ Aquæ eucalypti.....ʒ viij
Resorcin.....ʒ ij
Potassii chloras.....ʒ i
Acid. salicylici.....grs. viij
Acid. boracici.....ʒ i

M. Wash out the bladder with the borax solution, then inject four ounces of this and let it remain from five to ten minutes.

PROF. A. F. PATTEE, M.D.
94 W. Springfield St., Boston, Mass.

Treatment of Tonsilar Troubles.

Editor MEDICAL WORLD:

As treatment for tonsilar troubles has been asked for, and as mine differs in one particular from those given, even in the text-books, I will give it and hope it will be as satisfactory in other hands as it has been in mine. In my opinion, no remedy can compare with it in hypertrophy, and though I use the same medicines now that I used before I used this, I have very much less trouble with my cases of acute tonsilitis. The remedy is the bistoury; and the way to use it is as follows: make at least half a dozen long incisions across each tonsil with a narrow curved bistoury, protected with a sewing thread wrapped to within ¼ of an inch of its point. It usually bleeds one or two teaspoonfuls. If necessary, I repeat the operation in twenty-four hours in tonsilitis, and in hypertrophy, in a week or ten days. In the last named, I have not had to do the operation, if it deserves the name, oftener than twice, nor have I had a case that did not yield kindly in a few days, though some of them were of long standing, and withstood all the remedies prescribed by other medical men as well as myself, without material benefit. The only medicine I have had any use for, and that only when a tonic seems to be needed, is the syrup of the iodide of iron, and as this medicine can not relieve in so short a time, the scarifying must be the means of cure.

It is almost painless, and when ordinary care is exercised, free from danger.

I have been very much pleased with pulverized guiac given in capsules in acute tonsilitis. I always give it in capsules when the patient can swallow them; when they can not, I give the ammoniated tincture. I also give tincture of aconite to relieve arterial tension, a purge, when necessary, counter-irritation or poultices to the throat, and a gargle, when old enough to use it. I prefer the following:

℞ Brom. potassæ. . . ʒ i,
Tannin, . . . ʒ ss,
Glycerini, . . . ʒ i,
Aquæ, . . . q s ad ʒ iv.

M. S.—Gargle every two or three hours.

I hope the "household" will give the bistoury a trial and report results. I make no pretentions to originality and disclaim any purpose other than to induce others to try the means that have been of so much benefit to me.

Waynesboro, Va. A. C. FOX, M.D.

Foreign Body in the Œsophagus.

Editor MEDICAL WORLD:

On the evening of Oct. 7th, 1885, I was called to see John Young, age 30, living five miles from our town. The messenger said he had swallowed his false tooth. About half way there we met the second messenger saying hurry for he was choking to death. Upon arriving I found he had swallowed a tooth with a full plate attached. He was on his hands and knees, endeavoring to throw up. On examination I found it lodged in the œsophagus on a level with the top of the sternum. He thought he could stand to have it removed. I worked with him three or four hours, he resting each time after I had tried. I could catch it but could not draw it up. I then sent for Dr. Branson, of our place. We gave him an anæsthetic, worked over one hour with no success; could neither pull it up nor push it down. We gave him an opiate, then came home. Dr. Branson

could not return, so I sent for Dr. Cobb, of Harlan, 15-miles from here. He came next morning. I sent for him intending to perform œsophogotomy, but we concluded to try once more. We tried without giving an anæsthetic; he could not stand it by this time, so we put him to sleep, intending to operate if we failed. I had used throat forceps, foreign body extractors, dressing forceps, and all such instruments I had. The Doctor had a pair of Bynder's placenta forceps. After about one hour's work we caught the tooth, which was up, and finally pulled it out. The plate is 5½ inches in circumference, 2½ inches across the widest part, which was down. He recovered without any trouble. I did not want to push it down, for I do not think it would have been absorbed nor passed on. It is hard rubber and I do not believe any of the fluids of the alimentary canal would have dissolved it. It was in his throat over 36 hours. He had worn it twelve years. He swallowed it while eating. It clung to the roof of his mouth by an air chamber, and I belive that suction made it so hard to remove. I am only a young man in practice, and write this thinking it may be as instructive to some others as it was to me.

I have just removed a tape worm over thirty feet long, from John Boldt, a German resident of this place. Treatment: 24 hrs. without eating, free catharsis, then gave ethereal extract of male fern and syrup of tolu, aa 3. ss, followed in one hour by a large dose of castor oil. The worm passed in three or four hours from taking first dose. He had been troubled with it twenty years. THE WORLD is more practical than all the other journals I read.

Irwin, Iowa. E. A. WHETSTINE, M. D.

Is this Catalepsy?

Editor MEDICAL WORLD:

The following case is of interest from its rarity, it being the first of the kind that has come under my observation in a country practice of twelve years, and has the following history:

May H., aged ten years, family history free from hereditary diseases, retired on the evening of December 5th. in her usual health, and on the 6th, at 12 A. M., the family not being able to awaken her, apparently from sleep, my friend, Dr. Ramsaur, was called in, and not reaching the house until 3 P. M., the coma had spontaneously passed off, and the patient insisted that nothing was the matter. Nothing more than a cathartic, incorporated with a vermifuge, was prescribed. This produced, on the 7th, free evacuations from the bowels, at the same time forty-three ascarides were discharged. Patient retired on the evening of 7th, as supposed in perfect health, and on the morning of the 8th, she was again in a coma with a semi-rigidity of the voluntary muscles. This is the condition in which I found her. At intervals of an hour, more or less, there was marked rigidity, with the legs flexed on the thighs, and the thighs on the abdomen, and the hands grasping the feet. Extraordinary strength was manifested during these paroxysms, and in no other position would she be reconciled. Paroxysms would last perhaps for fifteen minutes, and when passed off, patient still in the semi-rigid condition first spoken of, she would attempt to bite her own flesh, (the knee, hand or wrist), or the hands of the attendants. There was no foaming at the mouth or biting of the tongue: breathing was placid and regular, pulse 92, soft and compressible, no elevation of temperature, and all the vital organs healthy so far as could be discovered. The pupils responded to light as in health, there was "blinking" of the eye-lids, though they were closed, and on pressing them open the eye-ball would roll back exposing a good deal of the sclerotic. Urine was passed in bed. All efforts to arouse her proved futile. I used a hypodermic injection of brandy, and only a perceptible flinch was manifest when the needle entered the arm. On the morning of the 9th, having been in this strange condition thirty-six hours, she awoke apparently in health with no recollection of her condition, except an indistinct dream.

I may add that there is no enlargement of the mammary glands, nor any other sign of puberty, and up to this writing there is no reappearance of coma, nor a single symptom of disease. I suppose the case to be one of catalepsy. Am I right?

Denver, N. C. C. S. ROZZELLE, M.D.

Morphia, Hydrate of Chloral, Ergot, Etc., in Labor.

Editor MEDICAL WORLD:

The administration of morphia will not retard labor in the first stage if used when indicated. We have frequently seen happy effects produced by its use when delay was caused by a rigid condition of the os uteri; also producing relaxation in unyielding perineum. When the pains are weak and ineffectual and os undilated, in place of using dilators give morphia; it will relieve pain, procure rest and dilate the parts, and after a few hours sleep the woman will awake refreshed, nerve

force augmented, nature recuperated, and labor will proceed to completion. Often we have seen patients worn out and exhausted to a state of prostration by the nagging pains; a dose of morphia will act like a charm in these cases.

Chloroform will have the effect of producing relaxation, also, and injections of hydrate of chloral per rectum frequently acts well in rigid os and perineum; a drop or two of lobelia given in a spoonful of water, or an enema of five to ten drops has a fine effect in rigidity of the os and other parts. Gelsemium in five drops doses repeated in thirty minutes if necessary, has a positive effect in rigid condition of the os. In rapid labor where there is danger of rupture of the uterus and laceration of the perineum, the parts not having time to distend, then morphia given in larger — decided — doses plays an important part and will allay the excessive uterine action. Ergot should never be used without due consideration; tardy labor from uterine inertia has various causes; if from want of nerve force, then gelsemium, or morphia frequently has good effect. If ergot is used then we must remember its action producing strong and continued contractions of that organ; hence there must be no obstruction to the expelling of the contents of the uterus; the os must be fully dilated, the head well down, and plenty of room in the pelvis. Then ergot given in proper doses will have good effect; but if given in large doses it will cause atony. The effects of ergot are chiefly spent on the nerves of organic life (ganglionic, or sympathetic nerves) and in fact we may say the same of macrotys, cotton root, corn smut, etc. This system of nerves principally governs the body of the uterus, therefore producing contractions of the muscles of that organ. The effects of opium, gelsemium, chloroform and hydrate of chloral are expended on the nerves of animal life—the spinal and cerebal nerves. The cervix and os are principally supplied by branches from the spinal centres, notably the hypogastric plexus; the above-mentioned remedies lessen the sensiblity of these nerves, producing partial paralysis, as it were, of the parts supplied by them, and relaxation ensues. An injudicious use of these remedies, without regard to the condition existing and their physiological and therapeutical action, is fraught with great danger to both mother and child.

Athens, Texas. E. C. ROTHROCK, M. D.

Subscribe *now* for THE WORLD for 1886.

The Metric System.

Editor MEDICAL WORLD:

For four-fifths of the members of the medical and pharmaceutical professions in the United States, there has of late dawned a bright ray of gladness. We welcome it with open arms and warm hearts. I refer to the symptoms of returning sense on the part of parties and publications that have for some years past tried to choke down the throats of doctors and druggists the *metric* foolishness. Prof. Oscar Oldberg, who has been among the most prominent for a number of years in trying to establish the Metric system nonsense, says, in *The Pharmacist*, "I have frankly to acknowledge that my former position on this question was possible only from my *then insufficient knowledge of some of its important but not so obvious bearings.*" (Italics are my own.) Good for Prof. Oldberg. He is convalescent; he will recover. The *American Druggist* for Dec. 1885, editorially says: "After ten years of hopeful effort toward the introduction of the metric system, we fail to appreciate any decided increase of feeling in its favor, and feel reasonably sure that a great majority of our readers will not be grieved if, in the future we express quantities in grains, drachms and ounces," etc. I really believe the Editor of the *American Druggist* will pull through and also finally recover.

The Editor of *The Therapeutic Gazette*, in December number, referring to the returning conciousness of Mr. Oldberg, says: "We confess it is with with some astonishment that we have read an elaborate article by this gentleman recanting what he has said in favor of the metric system. * * * We, ourselves, do not believe that the metric system is superior in practical medicine and pharmacy to the one now in vogue, and do not believe that it will ever be adopted in the United States." There is some hope of recovery of the Editor of the *Gazette*.

Now brethren of the WORLD'S "household," let us all come to the rescue; let us encourage these men in well doing; let us in a kindly and friendly way try to show them and make them understand that a very large majority of *all* the druggists and doctors in the U. S. live and practice their profession outside of the larger towns and cities, and that to them this metric system has become an intolerable nuisance; their writings have been almost entirely useless; their translations from foreign journals have not been worth the paper they were printed on, to the large majority of the brains of both professions. What has aston-

ished the writer very much is the fact that one of the largest and best houses manufacturing fluid extracts and fine chemicals in the world has on the labels of what they term "normal liquids" used the metric system only, not even giving in brackets the system now in vogue to assist the dispenser, and thus increase the usefulness and sale of their products. I know of plenty of retailers that would be glad to use these goods, but cannot on this account.

But thanks be, the line is broken, and now let those of us that can, fall in and help rid both professions of this hindrance to our progress. We should remember our friends in the past; those who have stood up and battled for us, particularly those journals who have refused to tolerate the metric abortion in their columns.

If the journals and manufacturers who think it smart or cunning to use the metric would give us the equivalent in grains, drams and ounces in brackets every time, we could tolerate them on a pinch, but when they persistently refuse to accede to this simple request, we are obliged to do without their journals and normal liquids and metric system, and all things tinctured therewith. What a comfort it is that we can do it—oh my!

This same metric monstrosity, this fungoid excrescence, was the thing that caused the sacrifice of the United States Pharmacopœa of 1880, and this trying to enforce the dispensing of medicines by *parts in weight* resulted in there not being to exceed 6,000 copies of the Pharmacopœia sold, where otherwise 15,000 copies could have been disposed of.

I speak from actual knowledge when I say that I know of forty country druggists who are disgusted with the Pharmacopœia, and would dispose of their volumes for $1.50, any minute. Too much trouble to figure out the "parts" as directed, when in actual fact it is no better; nothing is gained over the directions given in the older editions.

Bellaire, Mich. ELMORE PALMER, M. D.

[The above does not bring cheer to the Editor of this journal. We have long recognized the desirability of a simple system of weights and measures, to be used for all kinds of merchandise, drugs and precious metals as well as coarser articles, and by all nations. We hoped that the metric system would be found to fill all requirements, and that it would finally be universally adopted.

We have not given this system preference in the columns of this journal because it is a *practitioner's* journal, and it must always be what the profession wishes it to be.

Wonder if Dr. Palmer thinks *we* will "recover"!—Ed.]

What is Your Treatment for Consumption?

Editor MEDICAL WORLD:

I have been almost a daily practitioner of medicine in this part of the country since 1841. Let me say that in former years we had but little lung trouble, except occasionally a case of pneumonia; now we are having phthisis pulmonalis in its true type, and we are not treating it with scarcely any degree of success. I wish to ask your many patrons to give us their best treatment for consumption.

Gossett, Ill. A. A. WOLF, M. D.

A Pin Passes Through the Alimentary Canal.

Editor MEDICAL WORLD:

About six months ago an old lady accidentally got a pin in her throat. I could neither get it up nor down. She broke pretzels in short pieces and swallowed them, and in this way forced the pin down. In three days it came out by way of the anus, passing with the fæces and without pain or harm.

Quincy, Pa. DR. JER. HESS.

Editor MEDICAL WORLD:

Let me urge your readers, in all cases of fracture of the tibia, fibula, or femur, to use the Bavarian dressing. It is simple, inexpensive, and easy to apply. Suits for malpractice will be avoided, for with no other dressing can such excellent results be obtained.

Vevay, Ind. ALBERT G. CRAIG.

For Insomnia.

Editor MEDICAL WORLD:

Having read in a recent number of your journal, the complaint of some person suffering from insomnia, I take the liberty to suggest a remedy of my own experience. My wife, a delicate woman, and suffering from nervous debility, has for two or three years greatly suffered from sleeplessness. Judging that by strengthening her nervous system sleep would be natural to follow, I gave her since about six months the *Mariani Thé*, which is a non-alcoholic fluid extract of coca, mornings and evenings, one teaspoonful in a little milk. I purposely avoided any alcoholic preparation to prevent reaction, and I am happy to say that she now not only sleeps well, but has regained her strength and appetite wonderfully.

New York City. A CONSTANT READER.

He Likes "The World."

Editor MEDICAL WORLD:

I notice on wrapper of December No., "the handwriting on the wall," viz., "Your subscription expires with this number." So, at my earliest, I hasten to renew, lest I, like the unwise maidens who neglected to fill their lamps, "get left," or words to that effect.

I like THE WORLD—just stereotype this expression, as it seems to be a universal remark when speaking of your journal. I say I like it, for various reasons. Its articles are brief, crisp, and to the point. Some of them bear evidence of thought, truth and candor. I say truth and candor, since we all know, or ought to by this time, that many *able articles* from *eminent pens* are as destitute of these virtues as is Joe Smith's bible of divine inspiration. Some doctors, itching for a reputation, write for effect. They seem to be troubled with inflammatory egotism. They deserve our sympathy, but not our credulity. Then, again, there is another class who avoid truth and candor not so much because they dislike these virtues, or that they are anxious to gain distinction, but they are actually afraid of the pungent pens of probing critics. Now, then, I am pleased to observe that the contributors to THE WORLD are outspoken and truthful, and take their criticisms like "little men."

I like THE WORLD because it is broad and liberal in its views. I like THE WORLD because its columns are open to a free and fair discussion of the subject-matter of medicines, to all physicians, of all schools. For medical bigotry, like religious intolerance, is rapidly fading before the sunlight of intelligence, and reciprocal changing of ideas.

More anon, JNO. W. TIFFANY, M. D.
Center Point, Iowa.

THE *College and Clinical Record* says of the book, "Official Formulæ of American Hospitals:" "The author has brought together in this little volume printed lists, established prescriptions which have not been in type, and other items of value which could be gleaned by correspondence and direct visits to the leading hospitals of the country. It is, therefore, chiefly a formulary or book of practically useful prescriptions, which have been found by experience to be adapted to various morbid conditions. Of course, the cases therein treated represent those which the practitioner meets with in his daily routine of active professional life, and the prescriptions are, therefore, of equal utility to him."

Inward Dislocation of Ulna and Radius at Elbow.

Editor MEDICAL WORLD:

Enclosed please find $1 for renewal for THE MEDICAL WORLD for 1886. I have been wedded to THE MEDICAL WORLD but one year, and find the honey-moon so sweet and long drawn out that I may say divorce is now impossible; so continue the union by forwarding the same to me as long as I am able to give a dollar in return.

I have in hand a case in surgery, viz., an inward dislocation of the ulna and radius, at the elbow, an accident, the first of the kind within my experience, and almost a unique one in the annals of surgery, so much so that I deem it of sufficient importance to report to the profession.

I have consulted the experience of several of our oldest and best surgeons in this vicinity, and though many of them have had a large surgical practice, none of them ever witnessed such an accident. In the surgical works and records at my command, I fail to find mention of over three or four cases of the accident, some of which were diagnosed as fracture and so treated; other instances of the accident were reduced, but with great difficulty, after the lapse of a few days. At retiring hour for my patients, I was called hastily to ward H 2, on Nov. 29th, 1885, the attendant stating that one patient had broken another patient's arm by a blow with a chair. The subject of the accident threw up her right arm to ward off the blow aimed at her head, receiving the stroke at the elbow in the region of the outer condyle of the humerus.

Upon immediate examination there was observed great prominence of the outer condyle, and a depression between the latter and the olecranon, which was prominent and resting on the inner epicondyle; there was severe pain upon the slightest effort at flexion or extension, and only partial supination and pronation. The parts were rapidly swollen, and the forearm inclined at an angle of about forty-five degrees. An anæsthetic was employed immediately, and reduction quite readily made by fixing the humerus, an assistant in aid, then by slightly flexing and pulling on the forearm, and pushing on the olecranon in an outward direction, which glided very easily and comfortably into place, as witnessed by normal function of the joint, flexion and extension being perfect.

The patient being somewhat a refractory one, always chafing under the least restraint, it was concluded best not to apply splints nor bandage. She was prevailed upon to re-

tain her dress-waist, permitting it to be sewed fast at the wrist to the front of waist, at a right angle with her body. The sleeve sewed fast in the manner described seemed to be all the dressing needed, in which position the arm remained for seven days, when an inspection revealed a perfect recovery, swelling all gone, and the results satisfactory in every particular, she being able to use her arm without any difficulty whatever, and at this date, December 14th, no one could tell from appearances that she had suffered the injury. Lotions of tr. sapo co. were freely applied, and this, with the above, constitutes the treatment of the case.

W. W. HESTER,
First Asst. Phys., Ill. South. Hosp. for Insane.
Anna, Ill.

For Impotence.

Dr. Bartholow highly recommends the following pill, in impotence:

℞ Ext. cannabis ind.....gr. x
Ext. ergot aq.....ʒ ij
Ext. nucis vom.....gr. x
M.—Ft. pil. xx. Sig.—One night and morning.—*College and Clinical Record.*

WHAT is your treatment for pneumonia, bronchitis, rheumatism, scarlatina, diphtheria, and other diseases which occur principally in this season of the year? Send treatments *now.*

NEW subscribers who send $2, $1 for subscription to WORLD and $1 for the book, "Official Formulæ of American Hospitals," will receive gratis, upon request, a copy of the chart "The Urine in Disease," the regular price of which is fifty cents.

Quiz Column.

Questions are solicited for this Column. Communications not accompanied by the proper name and address of the writer (not necessarily for publication), will not be noticed.

Editor MEDICAL WORLD:

Can you, or any of your readers, give any thing like a sure remedy for tape worm? If so, would be pleased to learn the remedy.

Bloomington, Ind. B. D. LONG.

Editor MEDICAL WORLD:

I want to get a good work on diseases of the rectum. Please recommend what you consider the best.

Baileyville, Texas. W. C. HEDRICK.

["Kelsey on Diseases of the Rectum" is a most excellent work and the latest. Price $4.00. It has two fine chromo-lithographic plates, many wood engravings, and is considered by the profession a highly practical work well worth the price.—Ed.]

Editor MEDICAL WORLD:

Can you inform me, through "THE WORLD," where I can purchase some photo-engravings and steel or wood engravings of some of the eminent men in the profession, such as J. Marion Sims, Bilroth, Austin Flint, Gross, Pasteur, Jno. Hunter, Jenner, and others, all over the world? You will oblige a subscriber by so doing.

Urbana, Ohio. ROBT. HENDERSON.

Editor MEDICAL WORLD:

In regard to steel or wood engravings of eminent medical men, we can furnish a fine steel portrait of J. Marion Sims at 50 cents, and a fine cabinet photo of Prof. Gross at 50 cents. The others we cannot supply. Have tried to obtain them heretofore, but cannot do so. Parke, Davis, & Co will furnish Pasteur; don't know at what price.

1217 Filbert St., Phila. F. A. DAVIS.

[In addition to the above, we will say that photographs of most of the Jefferson College professors, both living and dead, and also of some other eminent medical men, can be had from Dr. R. J. Dunglison, 814 N. 16th. St, this city. List and prices will be furnished by the Doctor on application. Messrs. Wm. R. Warner & Co., of this city, used to publish a very good portrait of Sir Astley Cooper, for complimentary presentation, we believe. They may still have copies on hand. We used to publish a lithograph of Prof. Flint, but they are about all gone. A very good photo of him may be obtained from the clerk of Bellevue Hospital Medical College, New York. Price is fifty cents, we think.—ED.]

FORMULÆ.

Cough Remedies.

SYRUP OF COLTSFOOT.

This preparation has at one time been official in the pharmacopœia of Wurtemberg, also in the French Codex. The respective formulæ are:

℞ Coltsfoot flowers, dried.....parts 1
Boiling water..... " 6
Sugar..... " 8

Digest the coltsfoot flowers for several hours with the boiling water and strain, adding, if necessary, a little water through the strainer, to obtain 5 parts of strained liquid. In this dissolve the sugar, heat to boiling, and strain again.

℞ Coltsfoot flowers, fresh.....parts 1
Water at 45° C..... " 3
Boiling water..... " 2
Sugar..... q. s.

Pour 3 parts of water at a temperature of 45°C. (11° F.) upon the flowers (and let the whole macerate for some time), then strain with gentle pressure. Treat the residue with 2 parts of boiling water on the water-bath for twelve hours, then strain through linen with pressure. To the strained liquid add twice its weight of sugar, and make a syrup at a gentle heat

WHITE PINE EXPECTORANT.

℞ White pine bark, in No. 20 powderr..℥ 1
Wild cherry bark.....℥ 1
Balm of gilead buds.....grns. 64
Spikenard..... " 64
Bloodroot..... " 64
Sassafras..... " 32
Chloroform.....♏ 60
Acetate of morphine.....grns. 3
Alcohol.....fl.-℥ 4
Sugar..... 12
Water, q. s. ad.....fl.-℥ 16

Mix the alcohol with 6 ounces of water, and with this menstruum exhaust the drug packed in a percolator as above described, adding water until 10 ounces of percolate are obtained; to this add the chloroform and morphine previously dissolved in some water; dissolve the sugar by agitation, without heat, and strain. It will be found quite convenient to make up a quantity of the concentrated tincture of the drugs, say 50 per cent. The syrup can be prepared in smaller quantities as wanted.

COMPOUND SYRUP OF WHITE PINE.

℞ Tincture of white pine.....fl.-℥ 2
Fluid extract of ipecac.....fl.-℥ 4
Carbonate of magnesium.....℥ 4
Chloroform.....fl.-℥ 1
Sulphate of morphine.....grns. 8
Water.....fl.-℥ 7
Sugar.....℥ 14

Rub one ounce of the sugar with the magnesia in a mortar, triturate the fluid ipecac and tincture of white pine, then gradually add the water, constantly triturating, filter, and in the filtrate dissolve the morphia. Mix the chloroform with the sugar in a suitable bottle, pour in the filtrate, and dissolve by agitation. This is an excellent cough remedy, and has a ready sale wherever introduced.

The tincture of white pine in the above formula is made by dissolving 2 ounces of white gum turpentine in 14 ounces of alcohol by a gentle heat.

FENNER'S COUGH REMEDY.

℞ Paregoric.....fl.-℥ 8
Fluid extract of ipecac.....fl.-℥ 1
" " squill.....fl.-℥ 1
Tincture of tolu.....fl.-℥ 2
" lobelia.....fl.-℥ 1
" hyoscyamus.....fl.-℥ 4
Powdered extract of licorice.....oz. ½
Tartar emetic.....grns. 50
Chloride of ammonium.....oz. 2
Chloroform.....oz. ½
Carbonate of magnesium.....oz. ½
Sugar.....℔ 5
Water, q. s. ad.....cong. 1

Rub the tincture of tolu with the carbonate of magnesia in a mortar, mix the tinctures and fluid extracts with ½ gallon of water, dissolve the extract of licorice in the mixture add it to the magnesia, etc., in the mortar, and filter through paper until clear. Dissolve the tartar emetic in 4 ounces of boiling water and add the solution and the chloride of ammonium to the filtrate and dissolve. Put the sugar in a gallon bottle or jug, add the chloroform to the dry sugar, and mix them thoroughly, then add the liquid previously prepared, and enough water to make a gallon, and dissolve the sugar by agitation.

BROWN'S BRONCHIAL TROCHES.

℞ Powdered extract of licorice.....℥ 2
" sugar.....℥ 3
" cubebs.....℥ 4
" gum-arabic.....℥ 4
Fluid extract of conium.....fl.-℥ 4

Beat into a mass in a mortar, and roll in a thin layer, from which cut out wafers the size of a silver dime, and allow to thoroughly dry. A good and serviceable cutter can be made by getting your tinner to make a round thimble about four inches long, and larger at upper end, so that the lozenge will be easily removed by reversing the cutter.

COMPOUND SYRUP OF WILD CHERRY.

℞ Fluid extract of wild cherry.....fl.-℥ 2½
" " ipecac.....fl.-℥ 4
" " bloodroot.....fl.-℥ 4
Sulphate of morphine.....grns. 8
Tartar emetic.....grns. 2
Syrup, q. s. ad.....O 1
Mix.

FOTHERGILL'S COUGH MIXTURE.

℞ Syrup of squill.....fl.-℥ 1
Diluted hydrobromic acid.....fl.-℥ ½
Spirit of chloroform.....fl.-℥ ½
Water.....fl.-℥ 1
Mix.

YERBA SANTA COUGH MIXTURE.

℞ Compound glycerite of wild cherry fl.- 8
Fluid extract of yerba santa.....fl.-℥ 3½
Tincture of callimonia canadensis (green root).....fl.-℥ 2½
Tincture of veratrum virides (green root).....fl.-℥ 1
Diluted hydrobromic acid.....fl.-℥ 2
Mix.

Dr. Smith, the originator, directs 1 teaspoonful of this mixture to be taken at a dose

with one teaspoonful of the extract of malt with hypophosphites, in ½ wine glass of gulf weed tea.

COUGH HONEY.

℞ Sulphate of morphine.....grns. 8
Tartar emetic..... " 8
Hydrochlorate of ammonium.... " 256
Paregoric.....fl.-℥ 1
Tincture of tolu.....fl.-℥ 4
Water.....fl.-℥ 7½
Sugar.....fl.-℥ 14

Mix the paregoric with the tolu in a suitable vessel. Heat the water, and in it dissolve the salts, pour this solution upon the sugar, and form a solution by agitation.

MORPHINE COUGH CURE.

℞ Acetate of morphine.....grns. 1½
Diluted nitric acid.....fl.-℥ 1½
Oxymel of squill.....fl.-℥ 6
Mucilage of gum arabic.....fl.-℥ 2½
Glycerin.....fl.-℥ 2
Syrup of red poppy.....fl.-℥ 2
Cinnamon water, q. s. ad.....fl.-℥ 6

Mix.

Dose, 1 or 2 teaspoonfuls.

[The above arrangement is taken from the *National Druggist* of November 27.]

We promised in this number to begin republishing the "patent medicine" formulæ that have heretofore appeared in THE WORLD. Considering the season of the year, we deem it well to confine ourselves to cough remedies in this number. Several ("Jayne's Expectorant," "Boschee's German Syrup," "Smith Bros. Cough Drops," etc.) were given last month, and it is scarcely necessary to repeat them. (Fortunately we have a supply of December numbers, sufficient, we hope, to supply the demand.) A number of other cough mixtures of acknowledged excellence are also added. Next month, liniments, rheumatic remedies, etc., will be taken up.

AYER'S CHERRY PECTORAL.

℞ Syrup of wild cherry.....℥ vi
Syrup of squills.....℥ i
Tincture of blood-root.....℥ ij
Sweet spirits of nitre.....℥ i
Wine of antimony.....℥
Wine of ipecac.....℥ iij
Syrup.....℥ iss
Acetate of morphia.....gr. ij
Spirit of bitter almond.....℥ i

M.

PISO'S CONSUMPTION CURE.

℞ Syrup morphia (one gr. to ℥)....oz. iv
Chloroform (Squibb's).....f℥ ij
Glycerine.....℥ iijss
Dilute hydrocyanic acid.....℥ i
Chlorophyll (to tint).....q.s.

Mix the chloroform with the glycerine. Add the other ingredients and mix. S.—Adult dose a teaspoonful.

WHITE'S ELIXIR.

The following is the formulæ of "White's Elixir," nostrum extensively sold throughout Vermont or lung complaints.

℞ Antimonii et potassii tart.....gr. xxxij
Tinct. opii.
Tinct. camphoræ
Tinct. anisi.....āā f℥ ij
Alcoholis dil.....℥ iij
Syrupi simplicis.....℥ x
Aquæ ad.....O j

M.

Alburgh Springs, Vt. FRED L. LADUE.

WHITE'S COUGH SYRUP.

℞ Syrup tolutani.....℥ ij
Glycerini.....℥ iv
Syrup scillæ comp.....℥ vi
Syrup ipecacuanhæ.....℥ vi
Tr. lobelia.....℥ vi
Tr. opii camph.....℥ vi
Ext. pilocarpi fl.....℥ ij
Ammonii chloridi.....℥ i

Mix. S.—Take a teaspoonful three times during the day, and every hour or two before going to bed.

COMPOSITION OF CHERRY PECTORAL.

The agreeable taste and flavor of the proprietary mixture called "Cherry Pectoral" have made it quite a popular remedy. That it is often useful in coughs is easily explained by its composition. It is in fact but one of the forms of the old and world-known combination of opium with antimony or ipecac, or with both, which is familiar to all practitioners:

℞ Morph. acet.....gr. iij
Tinct. sang. can.....℥ ij
Vin. antim. tart.
Vin. ipecac.....āā ℥ iij
Syr. pruni virgin.....℥ iij

—*Pac. Med. and Surg. Jour.*

SOOTHING SYRUP.

℞ Potas. brom.....gr. xvj
Tinct. hyoscyam
Syr. glycyrrhizæ
Aq. anisi
Mist. adjuvan.....āā ℥ ss

Mix. Sig.—Half teaspoonful to one teaspoonful every two or three hours, if necessary.

Rahway, N. J. P. W. BURDGE, M.D.

BATEMAN'S PECTORAL DROPS.

℞ Tinct. of opium.....℥ iss
Tinct. of opium, benzoated.....℥ xx
Tinct. of Canada castor.....℥ v
Cochineal, ground.....℥ i

Mix. S.—Dose for adults, 20 to 30 drops, morning and evening.

Not to be given to children under ten years of age. HAGER.

JACKSON'S COUGH SYRUP.

The following is the formula recommended by Prof. J. U. Lloyd, to be followed as a standard for the above preparation, which also goes by the name of "Compound Syrup of Morphine.

℞ Fl. ext. ipecac.....℥ ss
Fl. ext. senega.....℥ iij
Fl. ext. rhubarb.....℥ iv
Sulphate morphine.....viij
Oil sassafras.....♏ xxxij
Syrup.....q. s. ad ℥ xxxij

—*American Druggist.*

TONIC COUGH MIXTURE.

℞ Apple brandy.....oz. iv
Glycerine.....oz. iv
Tinct. sanguinaria.....ʒ iij
Sulphate morphia.....gr. i
M.

—*Lillard's Pract. Hints and Formulary.*

BROMPTON HOSPITAL (LONDON) COUGH SYRUP.

℞ Hops.....ʒ i
Hoarhound.....ʒ i
Wild cherry bark.....ʒ i
Iceland moss.....ʒ i

Mix and pour on two quarts of water, and simmer to one quart, after which add four ounces of pine tar. Stir till nearly cold, keeping as much of the tar in solution as possible, then add good loaf sugar or rock candy, one pound, pure Jamaica rum, half-pint.

SYRUP OF DOVER'S POWDER.

℞ Tr. opii deod.....ʒ i
Syr. ipecac.....ʒ x
Syr. simplicis.....ad ʒ ix ʒ iij

Mix.—Each fluid-drachm contains half a grain each of opium and ipecac.

TRACHEAL DROPS.

℞ Tartar emetic, (dissolve in two drs. alcohol).....gr. ij
Glycerine.....ʒ ij
Tinct. sanguinaria.....ʒ i

Mix. S.—Dose, two to ten drops. Excellent for infants and children.

BUCKLER'S CROUP MIXTURE.

℞ Tartar emetic.....gr. ij
Pulv. ipecac.....gr. xl
Syrup of squills.....f ʒ ij

Mix.—Dose, teaspoonful every ten minutes until emesis occurs.

KING'S CONSUMPTION CURE.

The following is said to be the formula:

℞ Syrup tolu.....ʒ iv
Syrup of wild cherry.....ʒ xvi
Tinct, hyoscyamus.....ʒ ij
Syrup of squills.....ʒ iv
Chloric ether.....ʒ i

Water sufficient to make thirty-two ounces.
Mix. S.—Dose, for an adult, teaspoonful.

COCHRANE'S COUGH MEDICINE.

An acidulated syrup of poppies.

FOR HOARSENESS FROM WEAKNESS OF LARYNX.

℞ Acidi benzoici.....gr. ss
Paste ribis rubri (red currant paste).gr. x

Mix.—Make troche. Sig.— One every hour or two. DR. MORRELL MACKENZIE.

A GOOD COUGH-MIXTURE.

℞ Liq. morph. hydrochlorat.....ʒ ij
Vin ipecac.....ʒ ij
Spt. chloroformi.....ʒ ij
Syr. limonis.....ad ʒ iv

Mix. Sig.—One teaspoonful three or four times daily. PROF. RINGER.

COUGH MIXTURE IN BRONCHITIS.

The following is recommended by Dr. H. C. Wood (in the *Therapeutic Gazette*) as a sedative cough mixture in bronchitis:

℞ Potass. citrat.....ʒ j
Suc. limonis.....ʒ ij
Syrupi.....q. s. ad ʒ vj

Mix. Sig.—Tablespoonful four to six times a day.

FOR CONSUMPTIVE COUGH.

℞ Ex. conii.....gr. xxxij
Ipecac pulv.....gr. iv
Morph. hydrochlor.....gr. j

Mix.—Et ft. pil num. eight. Sig.—One before retiring at night. DR. JNO. HUTCHISON.

SHILOH'S CONSUMPTION CURE.

℞ Muriate of morphine.....gr. iij
Muriatic acids.....♏ iij
Fluid extract of henbane.....f ʒ ij
Fluid extract of ginger.....
Fluid extract of wild cherry.....
Diluted alcohol.....ää ʒ iij
Chloroform.....f ʒ i
Essence of peppermint.....♏ xxx
Syrup of tar.....f ʒ iij
Simple syrup, q. s. to make.....f ʒ viij

—*New Idea.*

CONIUM AND MORPHIA PILL.

(Used in the Royal Chest. Hospital, London.)

℞ Extract of conium.....gr. iv
Ipecacuanha.....
Extract of henbane.....
Compound squill pill.....ää gr. i

Mix.—Make one pill.

SYRUP OF TAR.

℞ Picis liquida.....f ʒ ij
Spirits vini rect.....f ʒ ij
Magnesia carb.....ʒ ij
Sacch. alba.....ʒ xvi
Aqua.....f ʒ viij

Dissolve the tar in alcohol. Triturate the solution with the magnesia carb. Add the water, filter the mixture, add the sugar and dissolve by the aid of a gentle heat.

PILL OF TAR.

(Used in Consumption Hospital, London.)

℞ Tar.....gr. ij
Magnesia.....q. s.

Mix. Make one pill. S.—Take two to four a day.

AN EXPECTORANT IN BRONCHITIS.

℞ Antim. tart.....gr. i
Potass nitrate.....ʒ ij
Mist. amydalæ.....f ʒ xij
Tinct. camphoræ comp.....f ʒ ss

Mix. Sig.—A large spoonful every hour.
DR. GRAVES.

AYER'S CHERRY PECTORAL.

℞ Morph. acet.....gr. iij
Tinct. sang. can.....ʒ ij
Vin. antim. tart,
Vin. ipecac.....ää ʒ iij
Syr. pruni virgin.....ʒ iij

M.

[The above has just been received from the manufacturer as the *correct* formula.—ED.]

Lead in Hair Restoratives.

There is a popular impression that the continued use of hair restoratives leads to paralysis. In the light of the facts below, it is not strange that lead paralysis is caused by these preparations.

The following is taken from the report of Prof. C. F. Chandler to the N. Y. Board of Health:

MRS. S. A. ALLEN'S WORLD'S HAIR RESTORER.
One fluid ounce contains:
Lead in solution ..... 5.26 grains
Lead in the sediment..... 0.31 "

HALL'S VEGETABLE SICILIAN HAIR RENEWER.
One fluid ounce contains:
Lead in solution ..... 6.45 grains
Lead in the sediment..... 0.68 "

AYER'S HAIR VIGOR.
One fluid ounce contains:
Lead in solution ..... 2.81 grains
Lead in the sediment..... 0.08 "

HOYT'S HIAWATHA HAIR RESTORATIVE.
This is an ammoniacal solution of nitrate of silver, containing 4.76 grains of the nitrate in one fluid ounce. It contains no other metals,

CLARK'S DISTILLED RESTORATIVE FOR THE HAIR.
This preparation contained in one fluid ounce:
Lead in solution ..... 0.11 grains

L. KNITTEL'S INDIAN HAIR TONIQUE.
One fluid ounce contains:
Lead in solution ..... 5.16 grains
Lead in the sediment..... 1.13 "

CHEVALIER'S LIFE FOR THE HAIR.
One fluid ounce contains:
Lead in solution .. . . 0.22 grains
Lead in the sediment..... 0.80 "

PEARSON & CO.'S CIRCASSIAN HAIR REJUVENATOR.
One fluid ounce contains:
Lead in solution ..... 1.40 grains
Lead in the sediment..... 1.31 "

DR. H. M. Weeks, of Trenton, N. J., writes of the chart, "The Urine in Disease": "I regard it as a very valuable help to the practitioner, easily worth twice the price." (The price is fifty cents.)

THE *Annals of Surgery*, a monthly journal devoted to the interests of surgical science and practice, is a periodical of exceptional merit, and its perusal always yields us pleasure and profit. The "Index of Surgical Progress" at the end of each number forms a complete vade-mecum of the newest and most interesting facts in connection with treatment; and the articles making up the rest of each number are happily chosen, and emanate from reliable authorities. The field of surgery has no better exponent.

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Before reading this column, provide yourself with a plentiful supply of letter paper or postal cards, by the judicious use of which you can obtain much valuable information, worth to you many thousand times the value of your postage and trouble. Your communications will always receive prompt attention if you mention THE MEDICAL WORLD.

SEE if you can't find something new this month in the advertising pages. The best men in the profession learn many valuable things by reading the advertising pages. Don't neglect this means of keeping up with the times.

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St. Meinrad, Ind., Dec. 7th, 1885.
Dr. D. B. Bunn, Randall, Ark:
Inclosed find postal note $1.50, for which send me at once one of your Uterine Supporters. I like them very much and think they are the easiest worn supporter presented to the profession.
E. E. GENGELBACH, M.D.

READ Dr. Hayden's new adv. Be sure to send for a copy of the last edition of his book.

READ the adv. of Dr. McArthur's hypophosphites. Cling to that which has been tried and found good.

THE "pepsin war" has at last terminated, and the the victory, is as it should be, on the side of truth and justice. Pure and efficient pepsin is of great importance to the physician. The following is quoted from the patent process for the manufacture of the so-called "golden scale" pepsin:" "I first take one hundred stomachs of the hog or other animal, and after cleansing and cutting them into small pieces, submerge them in about ten gallons of water at ordinary temperature, 60° to 65° Fahrenheit, to which has been added about two pounds of hydrochloric acid, U.S. Pharmacopœia. I also dissolve about *sixty pounds* (more or less may be used, as desired) of *pured ried egg albumen* in water, using preferably about seventy-five gallons of tepid water." It will thus be seen that dried albumen, the price of which is about 25 cents a pound, has been sold to the profession, as pepsin at 75 cents to $1 an ounce. As soon as the above was made public, the demand for Jensen's pepsin was at once doubled. The profession is under many obligations to those who furnish pure and reliable pharmaceutical products.

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EMULSION.

Presents the most minute division of the Oil Globules yet attained in an Emulsion. Is perfectly miscible with Milk, Water or other fluid in any proportion. Is easy of administration and readily assimilated. It contains 50 per cent. of highest grade Norway Cod-Liver Oil combined with the Wheat Phosphates.

Attention is also asked to

PHILLIPS' DIGESTIBLE COCOA

The fat of the Cocoa (usually the disturbing element) is herein digested by means of Pancreatin, so that, following the use of this Cocoa, one feels stimulated and buoyant, and altogether free from the heaviness, depression and headache, so common form the ordinary preparations of Cocoa and Chocolate.

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MILK OF MAGNESIA—An Antacid and Aperient.
WHEAT PHOSPHATES (Acid) } Nutrient Tonics.
HOSPHO-MURIATE of QUININE Comp. }

THE CHAS. H. PHILLIPS CHEMICAL CO.
30 PLATT STREET, NEW YORK.

THE CHART.
THE URINE IN DISEASE

has been most highly commended by the medical profession and medical press. It is now in use by many practitioners in all parts of the country, and in a majority of the Hospitals of this country. Tests for each abnormal ingredient, with specific gravity, reaction, quantity, characters, remarks, therapeutic notes, etc., are shown at a glance.

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"One wonders how so much practical knowledge can be made so easily accessible and condensed in so small a space."—Dr. T. B. Fowler, Cohocton, N. Y.

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Put up in our capsuled bottles with steel engraved label. Will always be found of unequalled quality, and sure to yield the most satisfactory result.

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An Astringent and Balsam combined, in the most convenient form for application. Descriptive circulars and endorsements mailed on application. Boxes of 1 Suppositories, 75 cents, by mail, to physicians who mention this Journal.

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C. L. Oil with Hypo-phosphites. Made with our unequalled Norwegian Oil, rendering it by common consent the Best Emulsion in the market.

BAKER'S COD LIVER OIL, WITH EXTRACT OF MALT.

A combination of equal parts of these two potent remedies, in which the taste of oil is completely masked and rendered quite palatable.

The tonic and nutritive properties of both the Oil and Malt should recommend this article to universal favor.

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THE NEW FEBRIFUGES.

Both powerful agents, especially in cases of Pneumonia, Erysipelas, Consumption, Typhoid and Yellow Fevers. No secondary effects; no chills. Antipyrin reduces high fever 5 to 7° within one or two hours, and the low temperate maintained from 7 to 20 hours. ANTIPYRIN, an oxygenated alkaloid, is brought into commerce in form of the free base. It was prepared synthetically by Dr. Knorr, of Munich, from the constituents of coal tar, etc. It forms a white, crystalline powder, which is very easily soluble in cold water. Dose, 15 to 30 grains; for children, 5 to 15 grains.

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Dated,.....188

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Name, (write plainly,).....

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"NOT A PATENT"
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This mixture does not contain any Gelseminum or any of the preparations of Opium or Mercury, but they can be added by the Physician if indicated. The appearance of the above Mixture is a clear, very dark wine color, with a strong wintergreen odor and taste. When exposed to low temperatures it becomes slightly cloudy, but upon removing it to a warm place it becomes clear again. Any mixture that does not answer to the above simple characteristics should be rejected as not being that of our manufacture.

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CITY OF PHILADELPHIA:
Personally appeared before me, the subscriber, George W. Clement, Notary Public, of the said city, A. D. Syckelmoore, 1420 Chestnut St., who being duly sworn according to law, doth depose and say, That this deponent has printed and bound 20,000 copies of THE MEDICAL WORLD, published by Dr. C. F. Taylor, for January, 1886, and further deponent saith not. A. D. SYCKELMOORE.
Sworn and subscribed to before me, this 22d day of January, A. D. 1886. GEORGE W. CLEMENT, *Notary Public.*
SEAL.

A Valuable Feature.

Next month we will add a new feature that we think will be very valuable. It will be an index of treatment. The diseases will be taken in alphabetical order, and the latest therapeutics, with prescriptions, etc., will be given. We intended to begin this in the January number, and continue it throughout the year, but pressure of business prevented. We will begin it next month and continue it from month to month until the entire catalogue of diseases is considered.

Urine of Hypochondriacs.

The urine of hypochondriacs is mostly found to be deficient in due acidity, and variable in specific gravity. Crystals of oxalate of lime float in it, and an unusual quantity of renal and vesical epithelium, and excessive mucus is formed in the urethral canal, staining the linen and making its appearance during expulsive efforts at stool. These are symptoms of imperfect nutrition, analogous to leuchorrhœa in the female. Sometimes the urine containes an excess of urea, due to the fact that the patient gorges himself with too much animal food, with a view to "keep up his strength." These patients are usually of an intellectual type, and devote their every thought to the study of a fancied organic lesion which has no tangible existence.

Opposite Effects, According to Dose.

Arsenic, antimony, zinc, copper, phosphorus, mineral acids and colchicum all stimulate the secretion of gastric juice and aid digestion, in *small* doses; in the larger or usual doses they retard digestion by diminishing the secretion. Tea, coffee, sherry, port, claret and most of the recognized table drinks act in the same manner, according to the dose.

Action of Coffee.

Coffee diminishes considerably the proportion of gases in the blood, but does not affect the proportion of carbohydrates consumed. It lessens the activity of the simple combustions producing carbonic acid; but it increases considerably the amount of urea in the blood and stimulates those complex processes which cause a consumption of nitrogenous foods, such as beef, etc. Coffee, therefore, is a complex aliment, acting mainly by modifying indirectly the phenomena of nutrition, and the general functions. By rendering the organism capable of consuming larger quantities of nitrogenous material, it may consequently be regarded as an indirect source of available energy.

The Current Medical Thought.

Not Sufficient Punishment.

In the famous Eliza Armstrong abduction case, Dr. Heywood Smith was the physician who chloroformed and examined the girl and gave a certificate as to her purity. Dr. Smith was a member of the Royal College of Physicians, and sent explanations and an apology to that body regarding his conduct. The President and Censors adopted a resolution that "the College, while acquitting him of deliberate intent to do evil, desires to put on record an opinion that he has committed a grievous error in connection with the Armstrong abduction case, which has brought discredit on himself and the profession to which he belongs. The College, therefore, regards his conduct as deserving the severest censure, and requests the President to express the views of the College, and to reprimand him accordingly." The President accordingly addressed to Dr. Heywood Smith a severe reprimand, and warned him to be careful as to his conduct in the future.

It is a question if a reprimand, however severe, is sufficient punishment in a case like this. The Doctor must have known that the wretches who wished to be assured of Eliza's purity had evil designs upon her. Was he not thus aiding in that most infamous of crimes, the forcible violation of a young girl's virtue? A doctor's province is to *save*, either virtue or life. He sees much of the dark side of human life, but his constant effort should be to make it brighter, instead of colluding with the evil influences that are constantly at work to pull humanity below the level of the brute.

Cardiac Medicines.

Generally speaking, digitalis holds the foremost place as a heart medicine, especially as a *regulator*. Caffeine is indicated where a more rapid effect is desirable. Convallaria majalis has a similar action, with the additional advantage of producing more lasting diuresis; it is better suited to subjects with rebellious stomachs; caffeine is more desirable for nervous subjects. Adonidine is as efficacious and as active as digitalis without its inconveniences, and it is not cumulative. It acts analogously to digitalis. Adonidine is a strong diuretic, and very serviceable in cases complicated with ascites, œdema and anasarca. Adonidine is a glucoside, extracted from the *Adonis vernalis*. It increases arterial tension, regulates the heart-beats, diminishes the pulse-rate, strengthens the heart's contractions, and acts always with rapidity.

Turpentine.

Turpentine is very useful in some diseases of the skin, as inveterate psoriasis, obstinate chronic eczema, and in purpura. It may be placed next in value to arsenic, sulphur and carbolic acid in other skin affections also. The dose ranges from fifteen to seventy-five grains by weight, administered in gum emulsion with barley water, or in capsules. By giving it in conjunction with barley water, the urine is a little diminished in quantity, but will contain no blood nor cause any strangury, unless given too freely. The barley water counteracts these effects. Turpentine should be administered preferably in the morning. It should not be given to children under five years of age, nor to subjects of renal disease. Its mode of action is by a vaso-motor excitation of the dilated capillaries of the skin, rather than by any specific action.

Delightful Sassafras.

Sassafras tea, strongly infused, is credited with wonderful properties for inducing cheerfulness, happiness, free conversational powers and a general feeling of well-being. Teaspoonful doses of sassafras oil, taken in water, or soda-water, are said to produce a delightful species of intoxication, and to remove pain of colic, cramp, etc. The external application of the same oil is also said to relieve neuralgic pain. Sassafras has long been used in England as a domestic remedy or palliative for chronic rheumatism. It has also been employed in the treatment of syphilis, and is an ingredient of the compound decoction of sarsaparilla of the British Pharmacopœia.

Compound Mercury Tablets.

A powder containing a grain of hydrargyrum cum creta, with a grain of Dover's powder, taken three times a day, renders excellent service in the treatment of syphilis, and usually produces increase of bodily weight. Messrs. Wyeth, of this city, have prepared, at our suggestion, an elegant compressed tablet containing these ingredients. They are, beautifully made, palatable, and the quantities of the ingredients are accurately dispensed. These tablets are also useful in the treatment of hepatic derangements, and as alteratives in a variety of diseases. They

are very convenient for the patient to carry in his vest pocket and take as required. We venture christening them as above—"Compound mercury tablets." L. L.

Sanguinaria as an Aphrodisiac.

Sanguinaria, or blood-root, possesses decided aphrodisiac properties, and is indicated in cases of relaxation of the genital organs with inaptitude for social intercourse. From five to ten minims of the fluid extract is a suitable dose, three or four times a day.

Spider's Webs for Ague.

Some time ago, an old British soldier from the East Indies brought us some pills made of spider's webs, which he told us are largely employed in India as a prophylactic against and cure for ague. He assured us that he himself had been a sufferer from intermittent fever for years, and that, though the disease was not eradicated, he could either avert the spells, or render them insignificant, by the use of this singular remedy. L. L.

In Enuresis.

Children subject to nocturnal enuresis will usually be found to sleep with their mouths open. If there is no obstruction or impediment in the nasal passages, and they could be taught the habit of breathing through the nose, with the mouth closed, it is probable that many of them would cease "wetting the bed." Individuals who breathe through the mouth at night are liable to a certain amount of carbonic intoxication through relative respiratory deficiency. At all events, it would be wise to look to the condition of the nasal cavities in all cases of unexplainable enuresis.

Sugar as a Dressing.

Powdered sugar has been found to form an excellent dressing for wounds, ulcers, and cavities, excepting in conditions of profuse secretion, in which cases its action is less satisfactory.

To Induce Bleeding from the Nose.

Bleeding from the nose may be readily induced, in congestive headache, etc., by inserting into the nostril a small roll of mustard paper with the mustard outside, and leaving it *in situ* for a few moments.

Sulphur for Diphtheria.

Small repeated doses of sulphur are highly extolled by an English surgeon in the treatment of diphtheria. Fifteen grains of milk of sulphur may be suspended in an ounce of mucilage, and flavored agreeably. Of this a teaspoonful or more may be taken every half-hour or hour, according to the age of the patient.

Light Changes Iodoform.

Iodoform dissolved in ether, benzine, fat, etc., becomes very sensitive to light, and changes color rapidly, the iodoform being reduced, and iodine set free.

LACTATE of quinine, in glycerine and water, is recommended for gonorrhœa and urethretis.

Local Anæsthesia by Aniline.

Dr. Govan states that complete local anæsthesia may be obtained by applying aniline oil to the part for a short time previous to operation, and that it is useful in opening abscesses, felons, and in various minor operations. He reports the case of a man whose body was saturated with the oil by the accidental overturning of a carboy, and the whole of whose cutaneous surface was thereby rendered insensible to feeling.—*Medical Analetic.*

Malarial Anasarca.

℞ Comp. spirits of juniper..... pint 1
Sulphate of iron.....dr. 2
Acetate of potash.....oz. ½
Fluid extract of digitalis.....dr. 2
Syrup of squills.....oz. ½
Mix. A tablespoonful three times a day.
DR. MULLONE.

Do not Give Quinine in all Fevers.

It has become a routine practice to give quinine indiscriminately in all fevers, generally assuming them to be malarial in character, without paying any attention to the heart to see if it will bear it; much harm results thereby, as it is contra-indicated when it depresses too much. In typhoid, scarlet and acute surgical fever, it makes the fever worse. Fever is a conservative process any way, there being an increased tissue metamorphosis which necessitates fever to prepare the effete matter for elimination; therefore I would advise caution in using any of the antipyretic remedies. DR. HALLEY.

Cocaine for Sea-Sickness.

Cocaine for sea-sickness seems to be a failure. In November last, it was thoroughly tested on twenty-seven cases, on a voyage from New York to Charleston, S. C. The patients were of both sexes, and the ages ranged from 4 to 48 years. The drug was given in doses of from 1-20 to 1-25 of a grain, in tablets, by mouth. In one set of cases the medicine was commenced soon after leaving the wharf; in another set it was begun on the first appearance of nausea; in another, not till vomiting had taken place. In every case it failed utterly, and in some of the cases it increased the nausea.

Excretion of Sugar.

A healthy man excretes about 15 grains of sugar daily through the urine, and this quantity is even increased during convalescence from forms of malaria, cholera, and other acute diseases and injuries of the nervous system.

Causes of Deformities.

It has been suggested as possible, that in the early weeks or months of pregnancy, a violent coitus may produce those wonderful and ugly phenomena of arrested development and perverted growths sometimes met with, in the same way as embryologists have been able to produce various deformities in the chick by shaking and changing the position of the egg during incubation. Certainly blows, falls, and kicks on the abdomen of a woman enciente are capable exciting causes of deformities.

Manganese for Amenorrhœa.

The extreme difficulty of preparing permanganate of potash for agreeable administration, owing to its affinity for organic substances, together with its irritating effect upon the stomach, has made it desirable to substitute some other form of manganese, and the binoxide has been extensively used. Dr. Ringer and other observers, however, have found the binoxide to be entirely inert, as far as any influence upon the menstrual function is concerned. The permanganate of potash is the form in which it is efficacious. Give it in two-grain doses two or three times daily, beginning a few days before the expected menstruation. If given with meals it will not be so apt to irritate the stomach. A compressed pill is upon the market; this form preserves the chemical exactness of the drug. However, there are some coated pills upon the market which are claimed to have been made with excipiants which will not disturb its delicate chemical composition.

Strychnine in Acute Alcoholism.

Lardier has long employed strychnine in the treatment of delirium tremens, for which he regards it as a specific. He insists upon the use of large doses. In one case he had for several days given one-thirteenth of a grain every two hours without any appreciable result. He then increased the amount, part of which he gave hypodermically, giving in all one and two-thirds grains in twenty-three hours. The patient soon fell into a refreshing sleep, and there was not the slightest symptom of strychnine poisoning.

Painless Removal of Cancers.

Cancerous growths may be removed painlessly by the use of cocaine. The growth may be painted with a ten or twenty per cent. solution, and after a little while an escharotic, with which some cocaine should be incorporated, may be applied. This process may be repeated at the same sitting or at different sittings until the growth is removed. This applies more particularly to "open" cancerous growths. Dr. Jennings, of England, destroyed a cancerous growth of the os and cervix uteri by means of a ten per cent. solution of cocaine and sticks of potassa fusa. It is suggested that painless counter-irritation may be made by mixing cocaine with the irritant.

Cocaine in the Ear for Neuralgia.

Notwithstanding the various anti-neuralgic remedies—to say nothing of "nervines" and "pain-killers"—a successful method of relieving the pain of obstinate facial neuralgia has long been a great desideratum. Dr. de Coninck, of Ledeberg-lez-Gand, writes to the *Scalpel*, that an application of a one per cent. solution of hydrochlorate of cocaine by a camel's hair brush or a dropper to the bottom of the external auditory canal, arrests the pain of neuralgia of the facial nerve, and, indeed, any pain in the temporal region, instantaneously. He has not found this treatment of the same value in neuralgia of the fifth nerve, but suggests that perhaps some other point of application may exist for this nerve. Dr. de Coninck has employed this method of treatment for a month—he does not say on

how many cases—and has "never failed to obtain the most marvellous success." If the neuralgia return, the application can be repeated.

Lactate of Quinine.

Lactate of quinine is proposed by M. Vigier as being the best of all the salts of quinine, owing especially to the large percentage of alkaloid it contains and to its relatively greater solubility in water. For hypodermic use he recommends a solution of one gram of the lactate in four grams of warm water, which must be filtered and of neutral reaction. An ointment containing ten per cent. of the salt has been successfully employed for inunctions.

Brown-Sequard's Mixture for Epilepsy.

℞	Iodide of potassium.....parts	8
	Bromide of potassium..... "	8
	Bromide of Ammonium..... "	4
	Bicarbonate of potassium..... "	5
	Infusion of calumba..... "	360

Dissolve. A teaspoonful before each of the three principal meals, and three dessertspoonfuls on going to bed. The solution should be given diluted in cases of idiopathic epilepsy.

If the pulse of the patient be feeble, the potassium bicarbonate is replaced by ammonium carbonate, while for the 360 parts of infusion of calumba there are substituted 90 parts tincture calumba and 270 parts of distilled water.

A Study of Cancer.

The committee appointed at the late meeting of the International Medical Congress at Copenhagen, has begun its labors to inquire into the causes of cancer, and to investigate particularly the supposed association between the disease and the use of certain foods, the influence of worry and a depressed state of the health in producing the malady, and the extent to which it is hereditary. A report is to be made at the Washington meeting of the congress in 1887.—*Kansas City Medical Index.*

Peptic Salt.

A mixture of pepsin with common salt is used by Dr. Prosser James. He says: "I propose to call it 'peptic salt,' or 'digestive salt,' or it may be ordered in prescriptions as sal-pepticus, or as pepto-chloride of sodium. Ten grains will dissolve nearly 200 grains of hard-boiled albumen, or two ounces of lean cooked meat. It may take the place of table salt in the dyspeptic's dietary."

Treatment of Acute Tonsillitis.

Dr. Sajous says, for the treatment of either parenchymatous or follicular tonsillitis, in the early stages, guaiacum can be relied on as a specific. He prescribes one teaspoonful of the ammoniated tincture in a half-glass full of milk, and directs the patient to first gargle with a mouthful of the solution, then to swallow it. Enough of the powder to cover a penny is then placed far back on the tongue and the patient directed to keep it there as long as possible. If the fever is high, tincture of aconite root is given in drop doses every hour. In erythematous tonsillitis, lozenges containing two grains of the resin of guaiac are generally sufficient to arrest the inflammatory process. When the affection has progressed for more time than two or three days guaiac is no longer useful.

To Kill Cholera-Bacteria.

Cholera-bacteria are killed in a few minutes in fluids containing five per cent. of carbolic acid. Sulphate of iron, sulphate of copper, and other metallic salts, are also potent, but not nearly so certain, because a more or less considerable part is precipitated by constituents of the nutrient solutions. This would naturally also occur in disinfection of the cholera-dejecta; hence I give the preference decidedly to carbolic acid.—*Dr. Koch.*

Causes of Abortion.

Women in high altitudes abort frequently. In many instances they are obliged to descend to the low lands to complete gestation. Schroeder says twenty-three multiparæ abort to three primiparæ. Habit is given by some as a cause of abortion. This claim is severely criticized by others. Edis (*British Medical Journal*) calls it "an assertion of ignorance. We might as well say she aborts because she aborts." This and the statement that a woman has the abortive diathesis, he says, "are ignorant dogmas, and it is useless to sit down disarmed and passive under their protection."

Bromide of Potassium as a Febrifuge.

If, as many believe, bromide of potassium acts by constricting or giving tone to the minute vessels directly, it is calculated to strike at the very root of the disease—the

fons et origo mali—in fever; for it will then take the place of the paralyzed vaso-motor system of nerves, and so keep in abeyance the inevitable tendency to congestion that follows the premonitory stage of the disease, the stage characterized by excitement or rigor. If this view be correct, it appears obvious that the use of bromide in the treatment of pyrexia is more physiologically correct than the direct application of cold; for, however useful the treatment by cold may be, we have to bear in mind that we are not treating *heat*, for temperature is only a symptom of disease, though no doubt a useful index of the degree of oxidation and other mischief going on in the system.

Dry Soil for Consumptives.

Private investigations in Europe and America have in the later days proven that residence on a damp soil brings consumption, and that the hand of Nature forces us to see it by the death of several generations living on it. And it was found that a residence, not a thousand miles away from friends and kindred, but only to move on to a dry soil, would be sufficient to check the death rate of families.

Wichita, Kansas. DR. WILSON.

Bromide of Arsenic for Diabetes.

Dr. Clemens' mode of using bromide of arsenic in diabetes is as follows: The patient being put on a nourishing meat diet, the solution is administered at first in single-drop doses diluted with *much* water, say, one drop of the solution three times a day in a tumbler of water. After this has been kept up for about eight days, the harrowing and annoying thirst of the patient will generally be greatly relieved. The urine should be carefully examined, and the quantity of sugar determined (most readily by the polariscope). The dose of the solution is then gradually to be increased to three drops, thrice daily, each dose being administered in a tumblerful of water. After about fourteen days, the amount of sugar in the urine will become less. When this point is reached, the dose is again gradually diminished until the single-drop doses are reached again, at which rate it may be continued for years without injurious effects. It is only necessary, besides, to observe the usual rules of diet suitable for diabetic patients, with the additional precaution that neither sour food nor raw fruits be eaten about the time when the medicine is to be taken. A very great additional help in the treatment of diabetes is "deep, often-repeated inspiration of fresh air, the confined atmosphere of dwellings and rooms being the worst enemy of such patients."

Dietetic Table.

Nitrogenous, Albuminoids or Flesh Formers.	Combustible, carbo-hydrate, or heat and force producers.	Incombustible or Mineral producers.
Bacon. Beans. Bran. Buckwheat Cakes. Bread (wheat first). Fish (mackerel first). Meat, lean. Milk. Potatoes, if in large quantities. Peas, dry. Turnips.	Arrowroot, Apples, Almonds, Buckwheat Cakes, Barley, Beetroot, Beans, Butter, Bread. Cheese, Cocoa, Cabbage, Carrots, Cod-liver oil, Cucumbers, Cider, Eggs, Fat, Figs, Grapes, Honey. Lentils, Liquors, Linseed, Molasses, Maize, Melons. Nuts, Olives, Potatoes, Peas, Porter, Parsnips. Rice, Raisins, Sago, Semoline, Sugar, Tapioca, Tomatoes, Squash, Sweet Wines.	Apples, Broccoli, Breads, Barley, Buckwheat Cakes. Cabbage, Carrots, Cocoanuts, Cream. Dates, Fruits, Figs, Lettuce. Maize, Milk, Oatmeal, Potatoes, Prunes, Peas. Strawberries, Turnips, Watercress, Wheaten Bran.

—*Philpot's Diet Rolls.*

Syphilis Repeated.

Since Ricord, in 1839, made the important observation that one attack of syphilis conferred an immunity against subsequent infection, this view has met with general acceptance; but Mr. Hutchinson quotes several instances in his own practice and elsewhere where undoubted re-infection had taken place with the usual sequelæ, after a lapse of some years, and even in one or two instances while the patient was still apparently suffering from the effects of the first attack.

Removal of a Broken Pessary.

A woman having broken a glass pessary in the vagina, and a severe vaginitis having been set up by the fragments comminuted by the efforts at removal, Dr. Lewis threw into the vagina, by means of a syringe, a mixture of plaster of Paris, and after two or three days removed the mass, the solidified mixture having imbedded in it the various pieces of glass.

How to Take a Pill.

It is very common for patients, especially women, to say that they cannot swallow pills, as they "go the wrong way," or "stick in their throat." A useful suggestion has been made by Dr. Samuel E. Wells, of Maryland, who observes that the common habit of throwing the head backward, and endeavoring to swallow the pill in that position, is often accountable for the difficulty; for if, while eating food, the head is thrown back, some difficulty in swallowing will be experienced. He therefore directs patients, when swallowing a pill, to look downwards—for instance, to keep the eyes fixed on the toes; and he finds that this simple manœuvre is commonly attended with success.

Signs of Pregnancy.

Dr. William Goodell remarks that pregnancy cannot be positively diagnosed until the fœtal heart is heard, but that there is strong presumptive evidence if the os uteri is soft like one's lips. When it is as hard as one's nose, we may be reasonably sure that there is no pregnancy. Occasionally, a fibroid tumor will give a soft os and cervix, but rarely. This condition is manifested in the first month, and becomes still more marked later on. At all times, and in all cases, a soft os is suspicious.

The Treatment of Erysipelas.

Times change; and with them, customs—medical as well as others. The custom of depletion in fevers has been superseded by that of stimulation, which unfortunately appears about to be carried to as great (and harmful) an extreme as was the indiscriminate depletory treatment of a few years ago. Several articles appearing in eastern journals upon the subject of erysipelas, illustrate this most forcibly, in commending large doses of quinine and alcohol, as well as opiates to quiet pain. The injudicious use of quinine has resulted unfavorably in many cases where given in large doses with a view of reducing the temperature; quinine as an antipyretic in erysipelas is a poor remedy and should never be employed. Opiates, too, are poorly borne, and are to be avoided as far as possible; and alcohol must be carefully used.

The proper treatment of erysipelas may be briefly summarized as follows:

1. Other internal medication should usually be preceded by a saline cathartic.

2. Of remedies for erysipelas, iron stands pre-eminent above all others; the Tr. ferri chloridi is the best form and should be given in doses of gtt. xx to ʒss every three or four hours.

3. If the temperature be elevated (103° to 105° F) it is best to exhibit fifteen grain doses of antipyrine every hour until three doses are given. A rest should then be taken to await developments. In a few hours it may be necessary to repeat, increasing the dose one-half,

4. Pilocarpine, ¼ to ½ grain, hypodemically or Fld. ext. jaborandi ʒi *per oris*, has been employed with great success, this being the best sudorific at our command.

5. If there be delirium, carbonate of ammonia is the remedy *par excellence*, reducing the fever and checking the nervous disturbances.

6. Brandy and food should be given in such quantities as to best keep up the strength of the patient, care being taken not to overstimulate.

7. If there be much local pain, hydrochlorate of cocaine should be given hypodermically.

8. Local applications of nitrate of silver, tincture of iodine, tincture of lobelia, etc., are highly recommended, but it is questionable if they possess any therapeutic value.

Tonics, such as quinine, nux vomica, etc., may be given if indicated, but the chief reliance should be placed in iron; food, brandy in appropriate quantities, and good nursing. These are the measures most employed at the present time, and the excellent results attending their adoption prove the wisdom upon which they are founded.—*Kansas City Medical Index.*

[A local application to exclude the air is a very important factor in the treatment of erysipelas. For this purpose common white paint is, perhaps, the best. Its application is followed by prompt relief of pain and amelioration of the other symptoms.—Ed.]

It is said that the local application of a mixture of nine parts of rectified sulphide of carbon, and one part of spirits of peppermint, gives instant relief in all forms of neuralgia near the surface, and that the effect is frequently permanent.

Autopsy of a Female who committed Suicide immediately Post Coitum.

In May, 1827, Mr. H. Bond, of Philadelphia, was invited by Dr. S. Tucker to examine the body of a female who had destroyed herself by taking a large quantity of laudanum. She was a girl between eighteen and twenty years of age, well formed, and had enjoyed excellent health previously, She had passed the whole or greater part of the night in the arms of a young man, and before break of day destroyed herself by swallowing a strong dose of laudanum. Dr. Tucker was called upon immediately to see the patient, but his efforts were unable to save her life. The body was opened next day in presence of Dr. Tucker and M. Meigs.

The stomach healthy, but gave out a very strong odor of laudanum. Mr. Bond removed the whole of the genito-urinary apparatus, and took them home with him for a more minute examination. The uterus was considerably enlarged, and empty; its color indicated an increased degree of vascularity. The ovaries were also large and vascular, and lay much closer to the uterus than was natural. Instead of floating free, as is usually the case, one or two inches from the uterus, they were drawn close to the body of that organ, approaching it within a quarter of an inch. The fallopian tubes were more vascular, and firm, and fleshy, than we see them in the virgin uterus; they were much curved, and seemed united to the ovaries; these little bodies presented on their surface some small vesicles projecting slightly, and containing a troubled fluid. Several small vesicles of a different kind hung from the surface of the ovaries and fallopian tubes, by small fine pedicles, a quarter of an inch in length; these resembled so many drops of mucus of a pyriform shape, and were a little larger than raisin-stones; they were covered by an extremely thin pellicle. The internal surface of the uterus was lined with a matter having the appearance of semen, and giving out strongly the peculiar odor of that fluid, and the neck of the organ was filled with the same matter. One of the fallopian tubes (the only one examined) seemed to contain a similar fluid, but the seminal odor was not here well marked. When this matter was removed from the surface of the uterus, the lining membrane appeared extremely vascular, like the conjunctiva in cases of acute ophthalmia, or as if it had been injected with vermilion.—[The above is taken from the London *Lancet*, of June 14, 1834.]—Ed.

The Chloroform Treatment of Tapeworm.

Although we are led to believe from numerous clinical reports, that this method of medication is quite effectual, so far as concerns the removal of the tapeworm, evidence is not wanting to show that the use of chloroform, in doses of a drachm or more, as recommended, is attended with some danger. Several cases have been reported in which symptoms of poisoning have followed the administration of the remedy, yet, so far as we can learn, no fatal results have occurred. Nevertheless, these happy results may be attributed solely to good luck, as is the case in other instances where the physician oversteps so far the therapeutic limits of drugs. It may also be noted that even in these excessive doses, chloroform is, by no means, an infallible remedy for tapeworm. It, however, is worthy of trial as one of the last resorts in these cases, and in such a capacity will, no doubt, prove valuable. With the therapeutic armamentarium which we now possess, it is a wise tapeworm who knows how to avoid capture, and it is seldom that inordinate doses are called for. More attention, however, should be given to preparatory treatment, without which the most valuable drugs will prove ineffectual.—*New Eng. Med. Monthly.*

The Country Doctor.

The country doctor holds a very respectable position in the social scale of rural communities. Although remote from the "centers," he does not become "rusty," because medical literature, containing all that is new, is cheap and abundant. Consequently, as little opposition to innovations will be found in the country as elsewhere, sometimes less, for we often find great reluctance to abandon old methods for better new ones, in those who hold prominent positions in the medical profession. The intense rivalry and fear of losing prestige so common to city physicians is mellowed down greatly in the country. Country people are slow to change doctors; one death in a family does not discourage them, and if the doctor be fairly successful, he is retained in the same family for a lifetime; of course, his success will depend a great deal upon his ability to adapt himself to his surroundings

and become one of the people among whom he practices. His life is spent in rural surroundings, and his time being consumed in making solitary drives by the "still waters" and through "green pastures," he becomes of a calm and reflective mind and more or less of a philosopher. We do not find the extremes of penury and affluence existing between physicians in the country that we find in the cities, but doubtless the overworked and underpaid doctor is common to both. The practice of the country doctor is eminently general; he is physician, surgeon, obstetrician, gynæcologist, aphthalmologist, etc., to which is often added the duties of pharmacist, and, in critical cases, also that of nurse; he is, therefore, a generalist, not a specialist. Notwithstanding he is thus required to spread his talents over a very wide field, his success in practice is perhaps equal to that of those whose work lies in a smaller sphere. That there are disagreeable features connected with the practice of medicine in the country cannot be denied; but if there were an occupation without drawbacks, its ranks would soon be more than filled. The calm and peaceful life of the country doctor is, fortunately, not suited to all temperaments; hence we have city physicians in plenty; men whose natures perfectly respond to metropolitan animation; men who delight in being in the midst of the busy world's ignoble strife. We must have individuals suited to every station in life; then let not the more fashionably dressed and sweeter-smelling city practitioner be ashamed of his rustic, country brother, for each is equally great in his circuit of action, and together they share the honor of having made brilliant discoveries for the benefit of mankind.—*Lyman Watkins, M. D., in California Med. Journal.*

Beginning at the Bottom.

Madam, allow me to prescribe for you. I have had a long experience in the management of delicate women, and believe I can give you some important advice. For the present I prescribe only for your feet:

First. Procure a quantity of woolen stockings, not such as you buy at the store under the name of lamb's wool that you can read a newspaper through, but the kind that your Aunt Jerusha in the country knits for you, that will keep your feet dry and warm in spite of wind and weather.

Second. If you want to be thorough, change them every morning, hanging the fresh ones by the fire during the night.

Third. Procure thick calf skin boots, double uppers and triple soles, and wear them from the first of October to the first of May. Make frequent applications of some good oil blacking.

Fourth. Avoid rubbers altogether, except a pair of large rubber boots, which may be worn for a little time through snow drifts or a flood of water.

Fifth. Hold the bottoms of your feet in cold water a quarter of an inch deep just before going to bed two or three minutes, and then rub them hard with rough towels and your naked hands.

Sixth. Now, madam, go out freely in all weathers, and believe me, not only will your feet enjoy a good circulation, but as the consequence of the good circulation in the lower extremities, your head will be relieved of all its fullness, and your heart of all its palpitations. Your complexion will be greatly improved, and your health made better in every respect.—*Ex.*

Treatment for Chronic Malaria.

Dr. S. Solis-Cohen concludes as follows regarding the treatment of chronic malarial disorders:

I. That quinine salts are of greater value in those cases of chronic malaria showing a distinct periodicity, and especially if there be a febrile paroxysm; and that in such cases their chief value is prophylactic, rather than curative. That the administration of quinine until relief is manifested, and then the withdrawal of the drug, will sometimes bring out a periodicity otherwise masked. The bimuriate of quinia and urea, hypodermatically, is the preferable salt in acute or subacute exacerbations occurring in the subjects of malarial cachexia.

II. That in cases where the patient is much run down and exposed to unsanitary conditions, iron should be part of the medicinal treatment.

III. That where the most prominent symptoms are connected with the nervous system, including apparent pulmonary, cardiac, intestinal or gastric troubles, arsenic is indicated.

IV. That where the most prominent symptoms are rheumatoid or myalgic in character, salicin, or some of its derivatives or compounds, is of advantage; cinchonidine salicylate, by preference, in order to obtain the anti-malarial virtues of the cinchona alkaloid. Cinchonidine salicylate is also of use in maintaining an effect produced by quinine, after the withdrawal of that drug, and is superior to quinine where the paroxysmal manifestations are vague and irregular.

V. That iodine is of some benefit when administered alone, and of decided benefit when combined with other remedies.

Resolution for Hydrophobia.

Hydrophobia is curable. It may even be combated by force of will. There are instances on record where strong-minded men have shaken it off, after the development of the symptoms, by determining not to give way. One well-known surgeon shook the disease off in a single day by taking violent exercise and forgetting all about it.

If you wish to prove what the result of dwelling on an idea may be, try a simple experiment. Hold your arm out at full length with the fingers extended, and say, "My forefinger is going to ache." Concentrate your mind on the idea that it *is* going to ache, and presently the pain will commence. Then say, "The pain is going to extend to the elbow." In a minute you will feel the elbow begin to ache. You can bring pain to any portion of the body by concentrating your mind upon the idea that there is going to be a pain there. In half the cases of hydrophobia the sufferer's mind has been concentrated for weeks upon the symptoms which have been described as the result of a dog bite. If a dog bites you, first cauterise the wound, and then *cauterise your mind.—London Referee.*

Delusions.

Possibly scores of children, certainly many lives have been sacrificed in the last ten or fifteen years to the theory that the chlorate of potassium yields its oxygen in the blood, and thereby purifies the vital fluid. A theory as baseless as it is ingenious and attractive, but which still has its advocates, and which within a few weeks we saw taught by a learned professor to a gaping crowd of students,—a theory which led in practice to the immoderate use of the chlorate in diphtheria, and no doubt to a notable increase in the death-roll.

Another theory almost as universally believed in and almost as groundless as the one just spoken of is that which attributes the effects of the bro[illegible] upon the nervous system t[illegible] blood-vessels, and th[illegible] of cerebral and spi[illegible] pages have been [illegible] theory! What gr[illegible] ings concerning th[illegible] various other dise[illegible]

it! How it still permeates neurological writings! and yet there never has been a single well-observed fact supporting it. Evolved out of the inner consciousness of the neurological clinician, it has been swallowed by a profession whose gullibility is still marvellous and triumphant.—*Therapeutic Gazette.*

Plasmodium Malariæ.

In Friedlænder's Fortschritt der Medicin is contained an original article by Prof. Marchiafava and Dr. Celli, of Rome, describing the results of their studies on the nature of malaria. Their work was conducted for six weeks in the most dreaded section of the Roman Campagna. As a result, something truly wonderful has been found, namely, a micro-organism that is situated within the red blood corpuscles and there leads a parasitical life. This relation to the red blood corpuscles is an absolute novelty, the micro-organisms that have been so far described in the blood being suspended in the plasma. The researches of the gentlemen named dispose of the bacillus of malaria described by Klebs and Tommasi-Crudeli.

The article is illustrated with cuts showing the changes in form that the plasmodia undergo. The action of quinine has been found to be that of immobilizing the parasite, which then is cast off by the corpuscle it infected.—*Weekly Medical Review.*

A Contrast.

What a contrast between Ferran and Pasteur! Ferran, secret and mysterious, holding investigators at a distance, giving no satisfactory explanation of his methods, absorbed in making money out of his alleged discovery, in every way acting like an imposter. Pasteur, open and communicative, working patiently for years in perfecting his methods, always ready to tell how far he has advanced and what obstacles oppose him, courting investigation and criticism, and finally when his discovery is ripe, describing its every detail amid the applause of the most learned Academy in the world. Pasteur's inoculations may fail as totally as Ferran's, but no one can feel that he has been Pasteur's dupe, or that he has spent money to enrich a hum-

An Addenda to the Tumbler Case.

Dr. C. A. Bryce, editor of the So. *Clinic*, relates the case of a man who fell upon his buttocks and drove a conicle-shaped wooden tumbler up his anus. The sphincter closed over it, and when the doctor arrived on the scene he found the man holding it in the left iliac region, saying that it seemed disposed to ascend. It was removed by forceps and was followed by no untoward symptoms. The doctor asks, who next? Several years ago, while sitting in our office looking out on the street, a milkman stopped to deliver milk to a neighboring family. After ringing his bell he deposited it on the seat, and was standing up to deliver the milk, when his team starting suddenly, he sat down with precipitate haste, and sat down on the bell, driving the handle through his breeches and into the rectum as far as it would go. The ludicrous picture he made as he wildly jumped about in a semi-erect posture in a vain endeavor to extract the bell, whose clatter was as vigorous as that of an auction crier's, is still remembered, and forms the subject for many a hearty laugh among the residents of the neighborhood. The man was brought to our office and we succeeded in extracting the bell handle after dilating the sphincter, which was necessary to avoid further wounding the rectum. The rectum was considerably lacerated by the piece of metal attached to the handle, and the recovery was a tedious one. Call for the next, Bro. Bryce.—*Miss. Val. Med. Mo.*

For the Sleepless.

Hyoscine is gaining ground as an hypnotic in the treatment of the insomina of mania, delireum tremens, the morphia habit, and even those stubborn cases which cannot be ascribed to any particular case. The best preparation is the hydrobromate, and that manufactured by Merck, of Darmstadt, is very reliable. It is freely soluble, and is best preserved by solution in alcohol. The following is an excellent formula:

R. Hyoscinæ hydrobromat - - gr. i
Aquæ destillatæ - - - - ℥ ix
Alcoholis - - - - - - - ℥ i

Five minims of this solution contain one-one hundred-and-twentieth of a grain of the alkaloid, and this is the proper initial dose, seldom requiring repetition. It should produce sleep in about twenty minutes under favorable circumstances. It acts rapidly when given by mouth, but may also be used hypodermically.—*Northwestern Lancet.*

Treatment of Diphtheria.

Treatment should be both local and prophylactic against general septic infection. Local as follows;

R. Acid. carbolic. cryst. . . . . gr. vi
Sol. ferri persulph. . . . . ℥ iij
Glycerinæ. . . . . ℥ i
M. ft. sol. Sig.—Apply with camel's hair brush to throat every 3 or 4 hours,

Or if fetor exists:

R. Potassii Permanganat. - . . . . . gr. xv
Aquæ. . . . . ad ℥ iv
M. ft. sol. or:
R. Sat. Sol. Sodii Clhorinat . . . . . ℥ ss
Aquæ . . . . . ad ℥ vi
M. ft. sol. Sig.—Apply to destroy gangrenous odor.

Together with these, constitutional as follows:

R. Potass. chloratis . . . . . ℥ i
Tinct. ferri chlor . . . . . ℥ iss
Glycerinæ . . . . . ℥ i
Syr. simpl . . . . . ℥ i
Aquæ. . . . . q. s. ad ℥ vi
Sig. Give one teaspoonful every hour or two to a child from 2 to 5 years old.

Also with steam or other atomizer make continuous spray with the following:

R. Ol. Creasoti. . . . . gtt. xx
Ol. Terebinth. . . . . ℥ ijss
Tr. Camphor. . . . . ℥ ij
Glycerinæ . . . . . ℥ i
Alcohol . . . . . ℥ iv
Aquæ destil . . . . . ℥ ijss
M. ft. sol. Sig.—To be used with atomizer.

Or, use the Delthil smoke treatment, which is as follows:

R. Picis pinus. . . . . ℥ ij
Ol. terebinth. . . . . ℥ i
M. Bene. Sig.—Clear room of all valuable clothing and furniture and keep this constantly burning in it.

This treatment with proper diet and stimulation is rational and will prove successful in many of the worst cases.

—*Kansas City Medical Index.*

Climate for Consumptives.

In this country, Florida, Carolina, Colorado, Minnesota, all present statistics of undoubted remedial and curative influence for certain cases and certain groups or types of pulmonary disease. Yet, as enunciated by the most recent and perhaps most experienced of the authors on thoracic diseases, there is but one rule in regard to climate for permanent benefit to consumptives—that each individual must ascertain by experiment what climate suits him best, and there reside for three or four consecutive years. Rules be-

yond this, as to humidity or dryness, sea voyage or mountain, have never been formulated except to meet with opposite testimony, and on almost every point there is difference of opinion. Thus, Dr. Alonzo Clark, the venerable professor of practice at the College of Physicians and Surgeons in New York, for years, in his lectures, asserted that if affected with phthisis he would rather be a stage-driver over the Alleghanies, winter and summer, rain or shine, than the son of the most affluent merchant of New York. Yet Dr. Walshe reversely emphasizes the importance of great care in winter, advising housing during the cold and inclement season. As regards the relative value of sea-air, mountain-air, and the terebinthinate air of pine woods, it has been found that ozone is present in the atmosphere of each in excess of other places, and hence the greater purity of air is presumably the essential merit of each place. Further climatic advantages are a dry soil and absence of sudden changes of temperature, of protracted rain-fall and harsh winds. DR. DARWIN HUDSON.

The Value of Chloride of Calcium.

In *The Practitioner*, Sept. 1885, p. 161, DR. R. W. CRIGHTON contributes a most interesting article on the therapeutic value of chloride of calcium. This drug is by no means a new one, but was well known during the last century under the name of muriate of lime.

The author has used chloride of calcium for some years past, and says he knows of no other therapeutic agent that will produce the same good results in suitable cases. In cases of glandular enlargements of the neck in children, in seems to have a wonderful effect; in many cases it must be given for a long time before any appreciable benefit is derived, and its use must be renewed at intervals to prevent a recurrence of the affection. In pulmonary phthisis, it is useful only when there is evidence of the bronchial glands being affected, but in tabes mesenterica the good effects are striking and lasting, if the disease be not too far advanced. In scrofulous caries it is also of great service. Speaking of the physiological action of the drug, it is stated that its value is due to the activity of the chlorine, and to the especial function of lime in the assimilative and nutritive process. Chloride of calcium is one of the normal ingredients of the blood, and is present in the gastric juice.

In the *Brit. Med. Jour.*, April, 1885, Dr. Sidney Ringer records some experiments which throw light on the action of this drug. If the heart of a frog has been subjected to the action of fluids, such as water or a solution of common salt, the ventricular contractions gradually cease and the ventricle stops in diastole. The only constituent which will restore the suspended contractility is lime; by adding one part of chloride of calcium to 10,000 parts of saline solution, spontaneous contractions return, and the ventricle soon begins to beat as strongly as ever. Any potassium salt has just the opposite effect. The author always prescribes the crystallised chloride of calcium, as the anhydrous salt forms a turbid solution and has an unpleasant taste. The dose given varies from 10 to 20 grains, but the author gives 1 to 3 grains for young children, and rarely over 12 to 15 grains for an adult.

[Dr. Coghill recommends 5 ounces of the crystallised salt in 12 ounces of syrup. The dose of this solution varies from 5 to 40 minims, three times a day. It is best given in milk after meals.]—*London Medical Record*, Dec. 15, 1885.

Onion Tea.

A lady friend of mine possesses twin boys who delighted in squalling both night and day. She had fed them different forms of opium until she became frightened at its effect upon them and applied to an old German nurse for a harmless remedy. The nurse prescribed onion tea, and the mother found upon using it that it produced a very quiet, soothing effect upon the children and without any deleterious effect as far as can be discovered. Is it not possible that there might be made from onions a valuable, harmless remedy to be used in the place of opium and other narcotics.—*F. Vernette, M. D., in Physio-Med. Jour.*

Bilroth's Views on Antiseptics.

Bilroth writes the following on antiseptics: 1. Iodoform is the safest and most effective of all manageable antiseptics. 2. Moss, wood, turf, mould, and oakum are useful when there are discharges from the wound. 3. Corrosive sublimate in dilute solution is practically inert as an antiseptic to wounds, and renders the patient and surgeon alike liable to mercurial poisoning. 4. Carbolic acid, which is known to be dangerous in strong solutions, is, in very weak ones, as good for wound irrigation as clean water, but probably no better—*Canada Lancet.*

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Another Cure for Cancer.

In a case of alleged epithelioma involving the facial bones, with extensive infiltration of the tissues, where an operation was not deemed desirable, Dr. Antonio, of Mazzara del Vallo Maggio, applied an ointment consisting of 15 parts of resorcine to 20 parts of vaseline twice a day, with the result, it is said, of completely curing the disease; nothing remaining but a white scar a centimètre in diameter.—*Brit. Med. Journal.*

—o—

Dr. Clement Goodson reports that he has performed two operations for the removal of vascular growths after having twice painted the growth and the area surrounding its attachment, with a twenty per cent. solution of cocaine, and cutting it off with curved scissors, and on neither occasion was any pain felt by the patient.—*Brit. Med. Jour.*

—o—

For Ringworm.

For ringworm, an excellent remedy is provided by a saturated solution of iodoform in oil of eucalyptus.

—o—

At a recent reform meeting in New York, it was stated as a matter of fact, that the State of New York had expended more than one million three hundred thousand dollars in the support of four generations of the descendants of one prostitute.

—o—

"The aim of the practice of medicine may be lucre or bread and butter, but if it be not combined with love of study or the humane desire to do some good, it is the most despicable business imaginable."—*Dr. Brendall.*

—o—

Retention of urine is said to be amenable to easy treatment by the introduction of ice into the rectum, and applying ice to the perineum.

—o—

Practical Dots.

Gonorrhœa is one disease in which the most remedies heretofore tried have given poorest general satisfaction. From some cause, about four years ago, I commenced to use the fluid extract of rhus aromatica:

℞ Fluid ext. rhus aromatica.....ʒ i
Water.....ʒ v
Mix.

Use as an injection at least three or four times daily, the last time on retiring for the night—always evacuating the bladder before using the injection.

I always give special instructions to drink no liquors, avoid horseback riding and women.

In treating women with gonorrhœa, I either have them to put a sponge, that I give shape to, within the vagina, or, if no sponge is at hand, I use cotton batting; wet the sponge or batting well in the medicine, and replace about every six hours; the sponge or batting should be worn all the time. I have two sponges, and have the one not in use washed in boiling water.

I use the rhus aromatica for women as well as men, and, if an acute case, it often cures in twenty-four hours. A few days ago I gave a man an eight-ounce bottle of the above prescription, who had gonorrhœa for eight months, and it cured him promptly. If I want to use a diuretic, I give fluid ext. gelsemium, fifteen drops, three or four times a day, in a half-glass of water.

Irritation of Meatus urinarius.—During the summer of 1883, I had a great deal of hard work to do, and long trips to make. I was attacked with acute cystitis, and tried almost everything I could read of or any one would recommend, and found no relief, I was contemplating the abandonment of practice until I could get well. It had come to the point where I could not retain my urine more than a half-hour at a time. The whole trouble seemed to be just at the meatus or end of the penis. It came into my mind, if I would insert morphine into the penis it might relieve me. I stopped at once and fixed me a small splinter—a smooth stick—with which I put one-quarter of a grain of morphine sulph. into the meatus, then went on to business. I was easy in a few minutes, and my urine gave me no trouble for nearly four hours. After urinating, the smarting was considerable. I then put in another dose of morphine, about one-eighth of a grain, and I have been all right since.

Headache is a trouble that we country doctors are not often consulted about. I have, at least, two very potent remedies for headache, which I have always on hand: 1. Morphine sulph., hypodermically inserted as near the seat of pain as possible, from one-eighth to one-half grain. 2. Bromide of potass., ʒ i; fluid ext. gelsemium, gtts. 40, in half-glass or more of water, divided in two doses, half an hour apart. If I am at my office, and am aware what is the trouble, I always carry a bottle of bromo-caffein. We have never had as good results from any other agent. It is prompt in its action, and pleasant to take. Dose, from one to two teaspoonfuls in half a glass of water.

There is one remedy we use a good deal that we have not seen much written of, and hear little said about. Often the doctor is called to see cases of excessive vomiting from, to him, some unknown cause, and which may have been going on for hours. I find the patient cold, features pinched in appearance, and eyes gone back in head. I usually give small doses of calomel, and, if the patient is restless, a dose of morphine, and then, to stop the vomiting, I have applied to the whole length of the spine cloths wrung out of water as hot as can be borne. I have it folded several thicknesses; as one cools, apply another, and soon things will be better for your patient in every respect.

In *Metrorrhagia*—not at child-birth, but in other forms—I have found it speedy and safe to use the hot cloths. I have used on one occasion, in dysmenorrhœa, *cold* applications to spinal column with very best results. I relieved a patient of all pain, and brought on flow freely in this manner.—*D. T. L. Lallerstedt, in Southern Medical Record.*

A Good Idea.

The following, prepared by C. G. Frowert, M. D., of this city, is designed to be left with patients for their guidance in regard to diet during treatment. It may be printed in circular form, and a copy may be left with each patient under treatment.

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REGIMEN OF THE SICK DURING MEDICAL TREATMENT.

The general rule to be observed is, that patients should partake of light, digestible, nourishing food to satisfy hunger; and of such drink as nature requires to allay thirst; and abstain from everything of an injurious nature.

In acute or febrile diseases, only the lightest and most simple kinds of nutriment are proper, *viz:*

Pure cold water in preference to all other drinks; or water with the addition of some sugar, raspberry or strawberry syrups, or quince and apple jelly prepared without spices. Barley-water, rice-water, thin oatmeal gruel, panada, gum Arabic water, whey, milk and water, preparations of arrow-root, sage, tapioca, or wheat-grits, without the hull; all this without any other seasoning than a little salt or loaf sugar, or one of the syrups mentioned.

Toast-water, provided the toast is made from stale bread, either home-made or from bakers who make use of neither potash, salæratus or alum; the slices ought to be thin and thoroughly toasted, but not too brown, and never black. To make a good toast-water, pour boiling water on the toast while hot and let it stand.

Ice-water is often injurious and increases the thirst. The water, after being filtered if impure, should be cooled if possible without putting the ice in it; place the ice around the vessel containing the water. Ice generally contains impurities.

Most kinds of ripe succulent fruits, possessing little or no acidity, fresh or prepared by cooking, and eaten in moderate quantities; as ripe grapes, sweet apples, peaches, raspberries.

Sweet oranges with a thick soft peel are allowed, but those having a thin leather-like peel, and all decayed, spotted, and sour ones, ought to be avoided.

With regard to apricots, nectarines, plums, gages, watermelons, cantaloupes and cherries, the physician should be consulted.

No fruit whatever should be used in cases of colic, diarrhœa, dysentery or cholera.

When the more violent syptoms of acute disease have subsided, and the appetite calls for more substantial food, a wider range may be gradually taken in the choice of aliment, and all the articles used which are allowed in chronic or long-continued diseases, *viz:*

All kinds of light and not too fresh bread, and plain biscuit containing no potash, soda, alum or other similar ingredients; cakes made of meal, eggs, sugar, and a little butter; buckwheat and other cakes not raised with fermenting powders; light puddings and dumplings of wheat, farina, wheat-grits, rye, Indian meal, rice, oatmeal or bread (without wines, spices, or rich sauces), hominy, farina, Indian mush, rice, rye, mush, groats and pearl barley boiled with water, milk or soup.

Potatoes, turnips, carrots, beets, salsify, artichokes, spinach, cauliflower, green peas or beans; and in some cases also, tomatoes, asparagus, squashes, etc. About using hot corn consult the physician.

Milk, raw or boiled, fresh buttermilk, whey.

Ice-creams with the syrup of strawberries and that of other allowed fruits, and not flavored with aromatics nor colored with cochineal or other injurious drugs.

Pure plain chocolate or cocoa, and in some cases weak black tea.

Butter, free from any rancid or unusual taste, cream, cottage cheese, milk cheese, curds and other simple preparations of milk, plain custards, pure and sweet olive oil.

Raw or boiled eggs and egg-tea, except in diarrhœa.

Soups and broths of animal and vegetable

substances elsewhere allowed, seasoned with a little salt only; beef tea, mutton broth, and chicken water after having been boiled for at least half an hour.

Beef, mutton, all kinds of tongues, vension and wild game, the lean part of ham, pigeons, chickens and turkeys; the latter only in the winter season and not in all cases.

Fresh perch, rock, sea-bass, and small creek fish; salt shad, mackerel and salmon after being well soaked or par-boiled.

Oysters, raw, roasted in the shell, or boiled in soup.

Salt, and also sugar or molasses, may be used, but always with great moderation.

Should any of the allowed articles of diet disagree with the patient on account of some constitutional peculiarity, or the nature of the disease, they should be avoided by him, though perfectly wholesome for others.

The patient should not overload his stomach, nor oppress it with various or incongruous dishes. The demands of the appetite for solids are to be satisfied at stated and not too frequent periods, and at no other time.

Regularity in the time of eating is of great importance.

The diet of children at the breast should not be changed during their sickness; but in such cases, that of the mother should be regulated according to the preceding rules.

ALIMENT FORBIDDEN, UNLESS ESPECIALLY ALLOWED BY THE PYSICIAN.

The flesh of all young animals, and particularly veal; geese, tame ducks; the liver, lungs or tripe of animals, turtles, terrapins, eels, crabs, clams, old smoked salt meat, sausages, mince-pies, rancid butter, strong cheese, lard, fat pork, roast pig, fried oysters.

Food prepared from blood and much animal fat.

All highly seasoned soups, sauces, drawn butter, pepperpot.

Cakes prepared with much fat or with aromatics; pastry, pies, honey, and all kinds of colored confectionery; all kinds of candies, excepting rock and barley sugar.

All kinds of nuts and fruits not mentioned amongst the allowed articles.

Vinegar of all kinds, salads or cucumbers prepared with it; pickles prepared with spices or greened with copper; parsnips, parsley, celery, radishes, horse-radish, garlic, onions; all kinds of pepper, catsups, mustard, saffron, nutmeg, ginger, lemon or orange peel, vanilla, laurel-leaves, bitter almonds, peach kernels or peach leaves, cloves, cinnamon, allspice, fennel, aniseed, sage, thyme, mint, etc.

All kinds of distilled and fermented liquors; coffee and green tea; lemonade and drinks prepared with acids.

Colored toys, if the colors are not fixed, are on all occasions to be withheld from children.

Tobacco, if used at all, should be used very moderately.

Every medicine, excepting those prescribed by the physician, ought to be avoided; not only all medicines procured at the shops, and all such as are empirical, but every description of domestic medicines, as all manner of herb teas, syrups, medicated poultices and irritating or medicinal substance applied to the skin.

Linen, cotton, silk or leather, worn next the skin, is preferable to woolens, excepting for persons much exposed to the weather or for little children.

The patient should, if possible, use moderate exercise in the open air for an hour or more daily; and his chamber should be well ventilated every day.

Recovery is frequently dependent on a good moral regimen.

Labor, which gives the mind the proper direction to usefulness, while it exercises the body, should be daily used in chronic diseases as far as the strength will allow of it.

———o———

THE presence of gases in the stomach increases the quantity of secretion, this being particularly the case with carbonic acid, which, besides producing a pleasant effect, stimulates the appetite.—*Jaworski.*

———o———

DR. PORTLY: "Dear! why didn't you send to me before he became delirious?" "It wasn't my fault, doctor; while he was in his right mind he wouldn't have you sent for."

———o———

OIL of wintergreen is perhaps the best destroyer of the disagreeable odor of iodoform. Benzoated zinc ointment also removes the odor of iodoform, and acts harmoniously with it as a local application.

———o———

"MY HUSBAND is so poetic," said one lady to another in a Seventh street car the other day. "Have you ever tried rubbin' his j'ints with hartshorn liniment, mum?" interrupted a beefy-looking woman with a market-basket at her feet.—*Washington Republic.*

———o———

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Class-Room Notes.

[From the College and Clinical Record.]

—Prof. Thompson advises the yellow oxide of mercury gr.j to ʒj of vaseline, for *phlyctenular keratitis.*

—For *epileptiform attacks*, due to sunstroke, Prof. Da Costa directed that tinct. belladonnæ gtt.iij be taken ter die. Patient to keep out of the sun.

—Prof. Bartholow considers a combination of tartar emetic and opium, with a saline purgative, one of the best modes of treating an *acute cold.*

—Prof. Da Costa thinks one of the most efficient remedies for the severe pains of *locomotor ataxia*, is hyoscyamine gr. 1-200 every night, to be increased to double the amount.

—Prof. Bartholow recommends the syrup of the iodide of iron and manganese, in the various *cachexiæ*, and in protracted suppuration, to prevent amyloid degeneration of internal organs, .

—Prof. Parvin exhibited, at his clinic, a woman successfully treated for *vaginismus* with—

R Cocoainæ hydrochlor.....gr. j
Olei theobrom.....gr. xxx
Ft. in vag. suppos., No. j. Sig.—Insert every night, followed by a glass dilator in one hour.

—Prof. Da Costa likes a combination of the bromides in the treatment of *epilepsy*, such as—

R Potass. bromid.....gr. x
Sodii bromid.....gr. xv
Ammonii bromid.....gr. v
M.

He also frequently prescribes, in the same disease, five grains of the effervescing bromide of nickel, *ter die.*

—For a case of *leucorrhœa* and great *vaginal irritation* in a child of eighteen months, Prof. Parvin used, with success—

R Extract. opii
Extract. belladonnæ.....ää gr. 1-20
Iodoformi.....gr. ij
Olei theobromæ.....gr. v
Mix. Ft. in vag. suppos., No. j. Sig.—Use one every day.

—Prof. Bartholow considers nitrate of silver at the head of the list of remedies for the treatment of the *diarrhœa of phthisis.* He recommends the use of the same drug in proctitis, applied by irrigation, in the strength of ʒj to water Oj. If a stronger solution is used, it must be immediately followed by a solution of common salt.

—A child, fifteen months old, presenting a case of *spinal paralysis*, due to irritative lesion following fever from teething, was given, by Prof. Da Costa, the following:—

R Potass. bromidi.....gr. ij
Potass. iodidi.....gr. ss
Syr. zingiberis.....fʒ ss
Liq. potass. citrat.....fʒ ss
Mix. Sig.—Ter die.

The application of cold to the spinal column is of much value in these cases.

—The treatment of *epididymitis* is thus outlined by Prof. Brinton: First give dose of salts; apply lead water and laudanum; place American leeches on the cord, to relieve inflammation; place the patient on his back. Now cover the testicle with a cloth saturated with mercurial ointment. If pain is severe, put some belladonna with the ointment.

The above is not the treatment for gonorrhœal epididymitis.

—Prof. Da Costa directed, in a case of *favus of the scalp*, of ten years' duration, that the mass of crusts be softened and removed with this solution:—

R Liq. potassæ.....fʒ ss
Glycerini.....fʒ ss
Aquæ.....fʒ iij
Mix. Sig.—Put on as a fomentation.

Then, as a germicide, to cure the disease, use corrosive sublimate, four grains to the ounce.

—Prof. Bartholow says the sulphide of barium is the best *depilatory* for ordinary use. Its long continued action often results in the permanent removal of the offending hairs. He advises the following, to be made into a paste, with sufficient alcohol, and put on the part and left till some pain is felt, then to be removed:—

R Barii sulphidi.....
Calcis.....ää ʒ j
Amyli pulv.....ʒ ij
M.

—For a marked case of *malarial cachexia*, with latent pleurisy, Prof. Da Costa prescribed the following:

R Tinct. ferri chloridi.....fʒ ss
Acid. acet. dil.....fʒ iij
Liq. ammonii acet.....fʒ ij
Elixir simplic.....fʒ ix
Strychninæ sulph.....gr. ss
Mix. Sig.—Dessertspoonful ter die, to be doubled slowly.

In addition, four grains of quinine, to be taken every morning *before* breakfast, directly after arising.

—Prof. Da Costa had a case of *phthisis*, at the Pennsylvania Hospital, due to the patient's occupation, that of a tool grinder, and in

whose sputum the *bacillus tuberculosis* was found. The man said he had known about one hundred men to die of "grinders' consumption," and that those engaged in that occupation only lasted about twelve years, as a rule, but he had stood it much longer. His father lived to be ninety and his mother over seventy, and his brothers and sisters all healthy, so heredity could have nothing to do with the disease.

—Prof. Da Costa prescribed for a child, æt. two years, with frequent *epileptic attacks*, perhaps due to a very badly shaped head, caused by a very difficult labor, cod-liver oil ʒj ter die, and—

℞ Potass. iodidi.....gr. j
Potass. bromidi.....gr. iij
Syrup. zingib.....
Aquæ.....aa f ʒ ss
Mix. Sig.—Ter die.

In about a month the child was brought back. It has not had an attack for thirteen days.

—Prof. Da Costa considers pelletierine, the active principle of the pomegranate bark, by far the best *tænifuge* we possess. In all his experience with the drug, he has known it to fail but once. His success is due in part to his plan of treatment, which is the following, given to a woman who had been passing tapeworm segments for *eighteen years:* At night, after twenty-four hours of almost absolute fasting, five grains of calomel are to be taken; on the following morning, one-half of the bottle of Tanret's solution of pelletierine, on an empty stomach, and two hours later the remainder of the solution. If free purgation does not soon follow, let the patient take pulvis jalapæ comp. ʒj.

—A boy, æt. eight, recently presented himself at the Hospital, because of slight *aphasia* and right-sided *hemiplegia*. He was injured by a pitchfork two years ago, one tine penetrating the left orbit, immediately above the eyeball, and entering the cavity of the skull through the orbital plate of the frontal bone. He was at once attacked with convulsions, was insensible for one week, and on regaining consciousness, was completely aphasic and hemiplegic, but has since been gradually regaining his powers. Prof. Da Costa directed that he should take the following:

℞ Syrup. phosphit. comp.....f ʒ 1-3
Strychninæ sulph.....gr. 1-20
Syrup.....
Aquæ.....aa q.s. ad f ʒ j
M.

—Prof. Brinton recently removed, before the class, the right scapula of a girl, aged eleven years, on account of a *sarcoma*, fifteen inches in diameter, which developed subsequently to an injury. Prof. Gross used the case as a vivid illustration to prove that the definition of inflammation of some authors, that it "consists in the tissue changes following an injury," is erroneous.

—Dr. Neff, at the Hospital, suggests the use of roasted coffee, finely pulverized, to *disguise the odor of iodoform.*

—Prof. Bartholow says that a strict vegetable diet will often cure *eczema* when all other means fail.

—Dr. Hearn, at the Hospital, says if *filiform bougies* are to be used, do so at first, before the steel instruments have "pouched" the mucous membrane of the urethra.

—A case of *progressive muscular atrophy*, consequent upon rheumatism, was given by Prof. Bartholow, salicylate of cinchonidine, gr. vj, ter die.

—For a patient who takes ether badly—it causing *bronchial irritation*—Prof. Brinton gives, after the operation, carbonate of ammonium, gr. v-x.

—In *chronic gastric catarrh*, a pill, as follows, was given by Prof. Da Costa:—

℞ Argenti. nitrat.....gr. ¼
Ext. belladonnæ.....gr. 1-16
Mix. Sig.—Ter die.

—After passing a catheter, to relieve a man of *retention of urine*, Prof. Brinton gives, usually:—

℞ Tinct. opii camph.....fʒ ij
Quininæ sulph.....gr. x
Mix. Sig.—Take once, after operation.

—Several times Prof. Da Costa ordered the following combination, for *constipation*:—

℞ Ipecacuanhæ.....gr. ¼
Rhei.....gr. ij
Ext. colocynth. co.....gr. j
Mix.—Ft. pil. Sig.—At bedtime.

—For a case of *hysteria*, Prof. Bartholow gave—

℞ Mass. ferri carb.....gr. v
Liq. potassii arsenitis.....gtt. ij
Mucilaginis.....q. s
Mix. Sig.—After meals. Also tinct. nucis vomicæ, gtt. x, before meals.

—For a case of *flatulent dyspepsia*, Prof. Da Costa advised the following course of treatment:—Milk and under-done meats—nothing starchy—sacch. pepsin, gr. v, with meals, also a pill of—

℞ Argent. oxid.....gr. ¼
Ext. nucis vomic.....gr. ½
Pulv. capsici.....gr. ½
Mix. Sig.—Ter die.

A pill of aloin, gr. 1-10, every night, for accompanying constipation.

—Prof. Da Costa, when advising the chloride of gold and sodium, for *interstitial nephritis*, at the Hospital, at one of the recent clinics, told of a physician suffering from this disease to whom he recommended this remedy and who now declares that he is entirely cured.

—Prof. Bartholow recommends the following *solution for hypodermatic use:*—

℞ Ergotinæ (aq. ex.).....ʒ j
Glycerini.....fʒ j
Aquæ dest.....ad fʒ j
Mix. Sig.—8 minims=gr. j of ergotine.

—A boy five years of age—hydrocephalic—who had *convulsions* of frequent occurrence—was ordered the following plan of treatment by Prof. Da Costa:

℞ Potassii bromid.....gr. v
Sig.—Ter die.
℞ Potassii iodidi.....gr. iij
Sig.—Bis die.

Prof. Bartholow, for a case of *erythema nodosum*, in a girl twelve years old, prescribed—

℞ Sodii phosphatis.....ʒ j
Ter die, in hot water before meals.

℞ Mangani sulph.....gr. ij
Quininæ sulph.....gr. ij
Ferri arsenitis.....gr. 1-10
Mix. Ft. Pil. Sig.—This pill after each meal.

—To relieve the pain of an eye, due to a *stye* or injury, Dr. Fox at the Hospital recommends the following:—

℞ Tinct. opii.....fʒ j
Tinct. belladonnæ.....fʒ j
Acid. boracic.....gr. x
Aquæ camph.,
Aquæ destill.....aa fʒ j
Mix. Sig.—Saturate a small cloth with the solution and place over the eye.

—For *chronic conjunctivitis*, the following prescription is found very successful, at Jefferson Hospital:—

℞ Zinci chloridi.....gr. iv
Vini opii.....fʒ ij
Sassafras med. (filter).....gr. x
Aquæ camphor.,
Aquæ destill.....aa fʒ ij
Mix. Sig.—Drop into the eyes, twice a day, after bathing with warm water.

When the trouble is acute, boracic acid, twelve grains, is substituted for the zinc chloride.

—Prof. Parvin says opium is one of the best remedies for *uterine hemorrhage;* ergot, the best for post-partum hemorrhage and that due to fibroid tumors; also injections of hot water and applications of the same to the lumbar region, are very efficient in hemorrhage from the uterus from any cause. If due to malaria, quinine must be used.

—The *nervous cough* of mothers, which exists during the presence of whooping cough in the household, may be allayed by—

℞ Acid. hydrocyan. dil.....fʒ j
Tinct. sanguinariæ.....fʒ iv
Syr. senegæ.....fʒ ss
Syr. tolu.....fʒ ij
Aquæ lauro-cerasi.....ad fʒ iv
Mix. Sig.—fʒ-ij every three or four hours.
—*Bartholow.*

Prof. Parish, at one of his recent clinics at Blockley, exhibited the uterus of a woman on whom he had, a few days previous, performed the *Cæsarean section*, the presence of several fibroids in the lower segment of the uterus preventing the dilatation of the os. It was found impossible to apply the forceps, or to deliver with the cephalotribe. This is the third time Prof. Parish has performed the Cæsarean section; in this case by the old method; his other two by the Porro Müller modification.

—Prof. Da Costa gave the following modes of treatment in *erysipelas*, and said: To modify a case there are several plans of treatment, to wit; 1. The old but still useful method of purging by diaphoretics and diuretics. 2. Quinine, grs. xii-xvi, in twenty-four hours, is of much value. 3. Tr. ferri chloridi, in large doses, ♏xx, every three or four hours. This is an admirable plan. 4. Pilocarpine—inject gr. ½-¼ under skin—great success followed the use of this remedy in several cases in which it was tried during the session. The fluid extract of jaborandi may be used when pilocarpine cannot be obtained. In the cases with delirium, stimulate freely.

—Instead of the ordinary iodine solutions for *application to the cavities of the uterus and cervix*, Prof. Parvin now uses these preparations in this manner—the first solution is applied by means of a cotton-wrapped probe, then immediately the second is applied with a different cotton-wrapped probe. The acid uniting with the potassium, the iodine is set free in the form in which it can accomplish the most good, *i.e.*, in the nascent state:—

No. 1.
℞ Potass. iodidi.....ʒj gr. xv
Potass. iodatis.....gr. x
Aquæ.....fʒ j
M.
No. 2.
℞ Acid. citric.....ʒj gr. xv
Aquæ.....fʒ j
M.

Physicians' Fees in Ye Olden Times.

The services rendered by physicians to suffering humanity cannot be estimated in money. In the old time debtor and creditor did not express the relation between patient and physician. The medicinal or "healing" profession was regarded as sacred, responsible and above any selfish views. The debt of those who received the doctor's services was one of which no money payment could give acquittal. The doctor's fee was considered an "honorarium," or free gift, in testimony to his official dignity and personal worth. The service was regarded as something on which no price could be fixed.

Womb Tipping.

Dr. Wm. Heath mentions the case of a woman who recently came to his office to be treated for sterility. She stated that she had been an actress, and, in order to prevent conception, had had her "womb tipped." She went to a man in New York who was an expert in the art, and who had operated on other women of her acquaintance. An instrument was passed into her uterus, causing some pain. This was followed by a slight discharge of blood. In a few days she was able to go about her business as usual, and had never become pregnant, nor had any of acquaintances on whom the operation had been performed. Dr. Heath found, on examination, that there was a marked retroflexion of the uterus.—*Buffalo Med. and Surg. Journal.*

A Worthless Remedy.

A few years ago, an enthusiastic physician proclaimed that the long-sought-for specific for biliary calculi had been found at last in olive oil. All that was necessary was to administer a sufficient quantity of olive oil and hundreds of calculi would appear the following morning in the dejections. It was also noted that the number of calculi was in direct proportion to the amount of oil swallowed by the patient, the larger the dose the greater the number. One case was reported in which two hundred calculi, varying in size from a pea to a walnut, were expelled by a pint of olive oil. This case, however, burst the bubble. A reflecting physician, who saw that no ordinary gall-bladder could possibly contain one-fourth of these so-called calculi, submitted them to a careful investigation, and found that they were nothing more than concretions of the oil that had been administered.

Olive oil as a specific for biliary calculi then disappeared from view, but it has been brought forward by a writer in the New Orleans *Medical and Surgical Journal*, who lays down the maxim that, "after pain is relieved, olive oil should be used in pint doses to expel the stones." As illustrative of its value in such cases, he narrates an instance in which "a diagnosis of biliary calculi was made, and under the use of olive oil abundant stones were passed." It would only be a waste of time to discuss the matter further. Suffice it to say that olive oil does not possess the slightest power to either soften or procure the expulsion of true biliary calculi, and that its use, as well as that of all other oils and fats, is positively injurious in such cases, and should be absolutely prohibited.—*Medical Bulletin.*

The Most Healthful Cities.

The death rate of Philadelphia is 20 in 1000 per year. This is only 8 greater than that of London, which is noted for its healthfulness. New York's death rate is 24.4 per 1000; Paris, 20.4; Berlin, 26.3; Brooklyn, 22.8; Baltimore, 18.2; Pittsburg, 17, and Liverpool, 23.5. So far as statistics at hand go, the healthiest city in the United States is Erie, Pa., the rate per 1000 of population being 6.7. No city in Europe, so far as reported, can make so good a showing. But of all cities of over 900,000 population, as shown from statistics at hand, London is the healthiest and Philadelphia second in the list. A most significant fact shown by the statistics so far received is that in the German cities reported there is almost a total absence of deaths from small-pox, whereas in London alone 420 cases were reported for three months in 1885. London is the centre of the anti-vaccination movement, while in Germany vaccination is compulsory.

Oleum Terebinthinæ.

Oil of turpentine is one of the most valuable remedies in the materia medica. It diffuses into the blood with great rapidity, and can be detected in the breath, perspiration, and urine in a few minutes after its administration. In small doses it contracts the arterioles, increases the number and force of the cardiac movements, and exercises a stimulating influence upon the entire nervous system. It also possesses valuable antiseptic and anthelmintic properties. It is invaluable as a hemostatic in all forms of hemorrhage, especially those of a passive type. Hæmoptysis,

hæmatamesis, hæmaturia, epistaxis, and menorrhagia are all promptly relieved by its use. It is equally efficient in purpura, hæmatidrosis, and hæmophilia. It is also effective as an external application to bleeding surfaces.

It is one of the best remedies for flatulent dyspepsia, flatulent colic, and chronic intestinal catarrh. Its power to prevent the formation or dispel the accumulation of gas in the intestines, is probably due to its antiseptic or antifermentative properties. It is universally recognized as the remedy for the tympanites of typhoid fever. It is of even more value, however, in this disease as a general cardiac and nervous stimulant. It is far superior to alcohol for this purpose, and should be more generally used. It is equally indispensable in typhus fever, typhoid pneumonia, typhoid fever, and all inflammatory affections of the asthenic type. It has been used with gratifying success in the treatment of yellow fever and in the algid stage of cholera. It is one of the most reliable remedies for diphtheria and scarlatina anginosa. It is also of value in phlegmonous erysipelas, and the various inflammatory affections of the puerperal state. It is almost a specific for epidemic dysentery. In chronic rheumatism and sciatica it is also effective.

Chronic bronchitis and bronchorrhœa are remarkably benefitted by either the inhalations or internal administration of oil of turpentine. Turpentine is also an efficient remedy for chronic cystitis, gleet, and leucorrhœa. It is invaluable in the treatment of spermatorrhœa, amenorrhœa, and functional impotence. It is the antidote *par excellence* in all cases of phosphorus poisoning. The administration of oil of turpentine in half-drachm doses twice a day, is the most certain method of expelling and preventing the return of ascarides lumbricoides and oxyuria vermiculares. It is an equally effective tænicide, if given in combination with castor oil, one ounce of each at a dose. No remedy is so prompt and effective in hysteria and catalepsy as the administration of a turpentine enemata. According to Bartholow, oil of turpentine is the most efficient application for hospital gangrene. It is also serviceable as a stimulant dressing for chronic ulcers, and as a revulsive application in laryngitis, bronchitis, peritonitis, pneumonitis, pleuritis, and other internal inflammations. It is an excellent counter-irritant in pleurodynia, lumbago, and chronic synovitis. It is also of value in the treatment of chilblains, frost-bite, and severe burns, and has been recommended as an application to the surface of boils and carbuncles. As oil of turpentine is a powerful antiseptic, it can be substituted for carbolic acid, with advantage, as a medium for disinfecting the hands and paraphernalia of the surgeon and gynæcologist.—*Medical Bulletin.*

Proportional Development of Nerve Centers.

The mule has large ears, to convey strong auditory impressions to its dull brain; the fish, which is almost brainless, has large eyes, to enable it to steer its course through the dark waters; the dog has large nostrils, to give impetus to its power of scent; but the monkey's organs of sense are proportional, and require but a hint to give it a lively perception, on account of its larger brain. A hint is enough to the wise. It is the proportional development of the great centres of nervous energy which impresses an elevated human-like form on the monkey's head, and also causes the parallelism of its orbits. Monkey's of the old continent have the same dental formula as man, only the incisor teeth are inclined outwards; American monkey's have an extra molar tooth on each side of each jaw, excepting three or four small species.

Gonorrhœal Injection.

The frequent injection of a solution containing one part of bichloride of mercury in 15,000 parts of *hot* water is recommended in the treatment of gonorrhœal discharges.

CHRONIC LEUCORRHŒA is frequently benefitted by the internal administration of colchicum, in the form of the acetic extract.

DR. S. S. WALLIAN has removed to 6 Lexington Ave., New York City, where he and Dr. J. Wilbur Bartlett are permanently located and prepared to give special attention to the administration of oxygen and its various compounds for the cure of disease. The Doctor has long been an interested student of this subject, and he now finds himself forced, by the increasing demand upon his time, to give his entire attention to it. He is now prepared to answer inquiries regarding apparatus, supplies, etc.

Corn Cure.

℞ Solution cocaine hydrochlorate (using alcohol instead of water), 2%.....℥ i
Salicylic acid.....℥ ss
Alcohol.....℥ i
Fld. ext. belladonna.....♍ ii
Collodion.....♍ iv

Apply to the corn with a straw or other convenient means, twice daily for several days.

Original Communications.

Short articles on the treatment of diseases and exerience with new remedies are solicited from the profession for this department; also difficult cases for diagnosis and treatment.

Articles accepted must be contributed to this journal *only*. The editors are not responsible for views expressed by contributors.

CERTAINLY it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—RUSKIN.

Fractures.

Editor MEDICAL WORLD:

The average country doctor approaches a fracture case with more or less trepidation. If the correct principles upon which these lesions should be treated were understood perfect confidence would replace the dubiousness.

The requirements are to keep the bones in place, and to prevent shortening. Reliance is had upon splints for the one, and weights, screws, pulleys and like instruments of torture for the other.

As a fact, direct traction only pulls upon the ligaments and perhaps the skin where attached. Now, why does a fractured thigh, for instance, have a tendency to shorten? The mechanism of shortening is identical with muscular motion; the muscles "belly up," or increase in their short diameter, and this can be prevented effectually by simple plain splints tied with tapes, looped around at short intervals.

Perhaps THE MEDICAL WORLD will allow me the space to tell just how to "set" and dress a thigh, fractured in the middle third: Having learned that the bone is broken, don't keep rubbing the ends together to show every new comer the "crepitus!" Take a string and measure around the thigh near the knee above the condyles; fold it twice, which will give one-fourth of the circumference, cut off an inch, and you have the width of the lower end of the required splints. Do the same around high up, below the trochanter, and you have the width of the upper end of splint. Now take a board, one-fourth of an inch thick, and cut four splints, the outside the longest, the inside the shortest, not extending to the enlargements at either end; pad them with cotton batting, cover with cloth sewed on smoothly inside. Let a person hold the leg extended, the patella on a line with the the great toe; apply the splints; no bandages; loop a tape around the middle and tie closely; then one around each end; then one between these; by this time the first ones tied are loose; keep on tying one after an other quite snugly. Then measure to see if it is as long as its comrade. The limb is thus painlessly reduced or "set," and is in a condition to handle and keep in place for the forty days and forty nights required. At the end of six days, if the swelling has subsided, a starch or plaster bandage may be substituted.

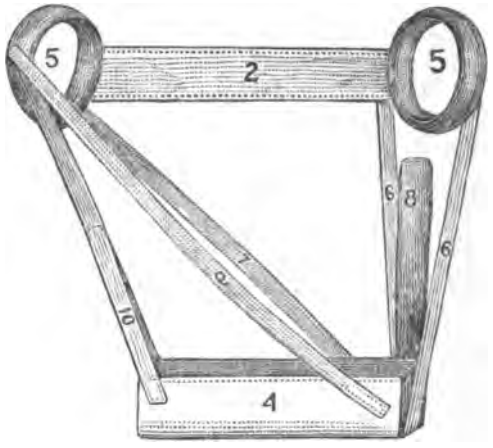
J. H. STEARNS.

Mansfield, Mass.

Apparatus for Fracture of Clavicle.

Editor MEDICAL WORLD:

The accompanying cut illustrates a perfect



dressing for fractured clavicle. 2 represents a strip of muslin fastened to the back of the rings, drawn tight enough to carry the shoulders well back, the first step in the operation after the rings have been adjusted, a description of which is noted further on. 4, a sling for fore-arm, made of a strip of muslin eight inches wide, doubled and sewed across the end that fits over the elbow. It should be made long enough to reach to the carpal joint. 5, 5, are rings made of strips of new muslin four inches wide, doubled and sewed and stuffed with cotton, long enough when the ends are stitched together, forming the rings, to pass over the arms, stopping at the point of the shoulder or acromion process. If too large, the rings would press upon the axillary vessels. 6, 6, mark two muslin strips passing from sling at elbow joint, before and behind, to the ring on the same side, secured with safety-pins. These bands secure the arms and shoulders in a proper elevated position, being held by the surgeon while an assistant pins them. 7, strip of muslin extending from back of elbow to back of ring on sound side, secured with pins. This strip

holds the arm back and assists the band in front in retaining the arm against the cushion on the side of the thorax. 8 is the cushion above mentioned, and is made with a piece of muslin seven inches wide, edges sewed together, and stuffed with cotton, extending from the elbow to within two inches of axilla. It should be well filled with cotton, so that it will be about two inches thick. It must be fastened to the inside of the arm by three narrow strips of Mead's plaster. This little cushion throws the arm away from the body, also adds much comfort. 9, strip of muslin extending from front of elbow to front of ring, secured with pins. This is to steady the arm and keep it fixed upon the cushion, assisted by 7 across the back. 10, a strip of muslin extending from the sling at the wrist, pinned to both corners of the trough, and to ring opposite the fracture. The use of this is to steady and hold up the hand and forearm.

The advantages of this simple plan are many:

First, it is very cheap—costs not over ten cents.

Second, it can be made in thirty minutes, with the assistance of two women with needles and thread. Muslin is always at hand, or near by, also safety-pins. Every well-regulated house has them. If, however, safety-pins cannot be had, use needle and thread.

This dressing will fulfill all the requirements in any case, with one or two modifications, which I will now name.

For the first week the fragment ends in some cases are inclined to separate, in spite of position of arm and shoulder. Apposition will follow as soon as the muscles tire; with a compress of Mead's plaster, adhesive side out, laid over the seat of fracture and another strip carried over it from front to back, firmly drawn down, brings the fragments together and hastens the desired result. It makes the arm much more secure to put an adhesive plaster across the arm just above the elbow, letting it extend halfway across the back and chest.

This dressing carries the arm upwards, backwards and outwards. It is light, easily made, cleanly and comfortable; no danger of impeding the circulation; leaves the forearm and hand free to move in any direction except downwards, lessening the nervousness of the patient to a great degree. Every place where the skin is pressed upon by the rings or bands, cotton should be packed underneath.

I have treated very many fractures of the clavicle with this apparatus, and never had any trouble with my patients after it was first applied. The union was always as perfect as the most fastidious doctor or patient could desire. I am now using it on a man fifty-five years of age, and he has the best of prospects now; three weeks since he was knocked down by a large dog and sustained the injury.

Some sixteen years ago I was called upon to see a patient in McKlinburgh, sixteen miles west of Ithica, to consult with two surgeons. The gentleman, some sixty years old, two weeks before I saw him, had fallen and fractured the left clavicle, very close to the acromial end. From the examination of the dressing, one would have concluded that no better one could have been put on; but I saw that a considerable swelling and displacement existed, and the patient was a severe and constant sufferer. The doctors said to me, "Do what you can for our patient, for we have been unable to relieve him." It was with much trepidation and doubt that I put on the above-named appliance. We were all soon made happy, however, and sat down to a regal repast, the patient eating with us, the first meal he had enjoyed for many weary days. I could recite many other cases, but will await the results of trials of the dressing by others who may have occasion to do so.

Syracuse, N. Y. M. K. BROWN, M. D.

Psychic-Sexual Anomalies.

A SUGGESTION FOR A STUDY.

Editor MEDICAL WORLD:

An uncultivated field of inquiry is to be found in the direction of a study of what may be termed mental or psychic hermaphrodism. Every few years there is a great hue and cry in the secular press, sometimes participated in by a few medical journals, concerning the appearance of a new candidate for curiosity honors on account of sexual duality or sexual indistinguishableness or anomaly. Medical men of eminence have frequently allowed their names to be attached to advertising certificates or sensational articles by the daily press reporters, to the effect that these anomalous cases are genuine freaks of nature and not humbugs. Sometimes over-credulous persons of this class are the victims of deception and adroitly-manipulated delusion in the form of hypospadiasis. But there is no question that some genuine anatomical sexual anomalies are to be cited. As to the nature or genuineness of these, we do not care to inquire. It is in relation to those mental or psychic-sexual peculiarities which every stu-

dent of human nature must have observed, though as far as we know none have described, that we would throw out a suggestive observation. Men are born—males, we mean—who from their very swaddling clothes display distinctly feminine traits. They are sometimes daintily organized, and sometimes, on the contrary, even physically gross; yet their mental trend is, if not really effeminate, most decidedly feminine, womanish. They show it in their movements, in their taste for dress, in the pitch of their voices, their more or less æsthetic tastes, and very markedly in the matter of their passional natures. They fall in love with *men*, or with women who are decidedly masculine and mannish. This is the key-note to their psychic organizations. They do not dote on women; they love men, or the robust male element in the human make-up. On the other hand, there are many women who are feminine only as far as their anatomy goes. In every other sense they are men. They may not be essentially coarse in fiber or tastes, but they most certainly fall in love with real feminine women instead of with those of the other sex. If they marry at all—many of them remain old maids—they choose a female man; that is, one of the desexualized of the other sex. They cannot love a genuine, robust male; they go daft over sweet young girls and feminine boys. They are instinctively man-agers. They lead off in whatever circle they condescend to join, with an independence and forwardness (not always boldness, by any means) that we do not look for in women. We call them strong-minded, and so they are. They are mentally men, while anatomically women.

The secret of hundreds of marital discordances and numberless divorces is to be found in this fact. Those marry who are psychically uncongenial. Men marry men, and women marry women. The sexual union is not a soul union; there is no cohesion. They drift apart, are "unfaithful," or actually vicious. They seek the divorce courts, or fly to the world for that affinity which is totally wanting in their espoused partners. The only word in the legal nomenclature alluding to it is "incompatibility." In nine cases out of ten, this ought to be changed to *unisexuality*. There is no union, since two positives or two negatives have been asked to come together. It is a physical, as well as a physiological, impossibility. Their natures, with no fault of theirs, refuse to attract each other, as surely as like poles of the magnet repel each other. Neither human nor divine law can make the result otherwise.

Let those who smile at the suggestion undertake a retrospective inquiry as to all the married couples with which they have been brought in contact, and they will not lack for numerous instances in which no other explanation will be found tenable.

SAMUEL S. WALLIAN, A. M., M. D.
6 Lexington Ave., New York City.

Cause and Management of Croup.

Editor MEDICAL WORLD:

In return for much useful information received, allow me to say to the readers of THE WORLD, when they are called on to treat any acute affection of the air passages, to see that their patients are placed in a cool, moist atmosphere. Nothing will congest the mucous membrane of the air passages quicker, or is a more frequent cause of their inflammation, than a hot dry atmosphere.

In laryngismus stridulus, the child is almost always attacked in the after part of the night. The child may be sleeping in the same apartment in which it has played during the day, The simple cause of the attack is an abnormally dry atmosphere. During the day, the child being engaged at play, its circulation is quicker, and consequently there is sufficient secretion of the mucous surface to supply the loss by evaporation, and besides there is a better ventilation; but at night its circulation is slower, secretion less active, no circulation of air in the apartment, the air becomes too dry, and as a result of all this, the child is awakened by a dry and swollen condition of the mucous membrane of the larynx. A little moisture in the atmosphere of the apartment would have prevented all this, and saved the doctor being called from a good warm bed. The families I attend I have pretty well drilled in this matter, and consequently never receive a call to treat croup, except occasionally in families that have not yet learned its cause. Of course the readers of THE WORLD understand all this, but many of them may not give it proper consideration. If I were called to treat a case of true or false croup, bronchitis or pneumonia, and compelled to choose between medication with improper hygienic surroundings and no medication with proper hygienic surroundings, I would take the latter.

I think THE WORLD is doing a good work. I would like to see its contributors give more attention to the causes of disease and less to treatment. If we can succeed in ferreting out the cause of a disease, or of a symptom, the selection of a proper remedy will give little trouble.

R. C. HOOVER, JR., M. D.
Osborn, Ohio.

What is "Regularism"?

Editor MEDICAL WORLD:

Is there any such a thing as a "Regular" physician? And, if so, why?

On page 14, January (1886) WORLD, you say, "The ablest, broadest, and most liberal medical men find the title "doctor," or "physician," without modification or qualification, sufficient to express their profession."

That being true, why attach the sectarian name of "regular"? for we are unable to see why that is not as much of a party title as any other. And at the same time it carries a false impression, for facts prove that at this time there is no such party extant.

Forty years ago, the regular practice was to bleed and re-bleed in all febrile and inflammatory diseases, and many that were not inflammatory. To give mercury regularly in some form or other, in nearly all forms of disease, infants not excepted, and regularly to salivate every patient that did not get well or die before the doctor had time to salivate him. Tartar emetic, opium, and blisters generally finished the practice, as well as the patient. The regular practice was antiphlogistic from beginning to end, as we all know who have taken the pains to inform ourselves. About that time, a few American physicians started a reform in the practice of medicine, based upon the theory that disease is debilitating, and in order to cure, the system must be sustained. That being true, the fact became self evident that the self-styled regular practice killed, by depletion and poisons, many more than it cured! Afterwards European physicians proved by actual demonstrations and mathematical calculations, that the best regular treatment did actually kill a large per cent. At or about the beginning of the reformation, quite a number of physicians and pharmacists turned their attention to the manufacture and introduction of many new and valuable concentrated vegetable remedies, which have continued to extend until the present time. Those Reformers, like the ancient martyrs, lived through the inquisition, and their pupils have lived to see the bones of the defunct old blood-sucker wrapped in his winding-sheet and put in his coffin and laid in his grave, to join the many witnesses of his skill. But notwithstanding the old regular doctor with his phlebotomy, antiphlogistic treatment, ptyalism, etc., is dead and buried, his spirit still lives, and is making renewed efforts to establish the inquisition, as many of our State laws plainly show. But notwithstanding all this opposition to improvement and reform, the good work still goes on, and to-day every medical college of both Europe and America is teaching the doctrine of those few persecuted American reformers, and are curing diseases with the remedies which they had the knowledge and skill to prepare and introduce into practice. And in many instances they have been entirely cheated of their just merit and their honor given to another. So, in conclusion, let me ask what it is you have that is regular, and where you got it? And lastly, if your laws of inquisition are not calculated to stop all reforms in medicine?

BENJAMIN A. PENN, M. D.

Bryantsburg, Ind.

[When will it be understood that we champion *no* sect in medicine? We are always glad of real progress in medicine, from whatever source it may come. That word "regular" has innocently been the cause of a great deal of unnecessary controversy. If you call yourself an "eclectic" (whatever that is), and some one else calls himself a "homeopath," there must be some word to express the main body of the medical profession. Some have used the word "regular" to do this; a few have, unadvisedly, we think, used the word "allopath" in the same way. It makes no difference what you call it, or whether you call it anything. Life is too short to quibble over a name. This journal seeks to be an exponent of the ideas of the main body of the profession, and this ought to include *all* earnest, conscientious physicians.

Regarding medical laws, we believe in the supervision by just laws of all matters that are intimately connected with the public good. This includes medical matters.—ED.]

The Medical Student.

Editor MEDICAL WORLD:

I noticed an article in THE MEDICAL WORLD, for January, about medical students. I have had a great deal of experience with them, and must say that, as a class of men, no one can dispute that they are *studious*, *temperate*, *honorable* and *demure* young men. It is not the medical student who paints the town a brilliant carmine, but the Divinity student. It is not the Medical student who is noisy, but the law student. Medical students are very careful to observe the proprieties of life, and if they have *not wings*, they ought to have. I think the *quietest*, most *temperate* and most studious ones in the United States are members of The Department of Medicine and Surgery of the University of Michigan, situated at Ann Arbor, Michigan. I have

known many of them to die a *premature death* from pure *religious* devotion.

I am surprised that any one should attribute the *vices* to them, whereas it is the wicked Divinity and law students who make such a bad record, and "our boys" have to bear the odium of their wickedness.

New York City. L. G. DOANE, M. D.

For Vomiting of Pregnancy.

Editor MEDICAL WORLD:

In the December WORLD, Dr. D. G. Earl asks for a remedy for vomiting in pregnancy. I have succeeded with rectal injections of bromide of potassium, when all the usual remedies failed. I use from forty to sixty grains, dissolved in two ounces of water or sweet milk, and direct it to be used in the morning before getting out of bed, and repeat during the day, if necessary.

Rural Retreat, Va. H. S. CROCKETT.

Child Removed from Dead Mother by Cæsarean Section Died on Thirty-ninth Day.

Editor MEDICAL WORLD:

In reply to your note of January 19th, requesting of me a report of the successful post-mortem Cæsarean section performed by me in October last, supplementary to the one already published in the North Carolina *Medical Journal* and extensively copied by the medical press, I would state that the child died of inanition on the thirty-ninth day after delivery. Its death was probably hastened by an attack of intermittent fever, which, *en passant*, is by no means rare in this section amongst infants. My treatment in this case was quinine and cod liver oil by inunction. This was successful so far as the fever was concerned, but in spite of all my efforts and the persistent use of the inunctions of oil, the little fellow became daily more and more emaciated, and finally succumbed, as before stated. It is a notable fact that nourishment was never refused until the day before death. Yours very truly,

Oxford, N. C. J. MACK HAYS.

Paraplegia.

Editor MEDICAL WORLD:

Allow me to ask your readers for the best treatment for paraplegia. I have a case in hand, the chief points of which are as follows: A young lady, suffering from malarial fever, came under my observation in November last. She soon recovered from the fever, but it left her without the power to use her lower limbs. Her general health is good; no atrophy of muscles nor cerebro-spinal irritation. I have treated the case in the ordinary way, but without success.

Bardstown, Ky. J. C. WOOD.

Encephalocele:

Editor MEDICAL WORLD:

On the twelfth day of March, 1885, I was called to attend a lady in her third confinement, her age being 38, and having had previous to this two healthy male children, whose ages respectively were 12 and 14 years. The confinement proceeded in a natural way, excepting a quite profuse post-partum hemorrhage, which yielded promptly to the administration of fluid extract of ergot and manipulation of the hand upon the uterine walls. However, at my next visit, which was on the 13th day of March, my attention was called to the child's head, upon which I noticed a tumor about the size of an English walnut, protruding from the angle formed by the junction of the coronal and squamous sutures, on the right side. It continued to increase in spite of the best directed efforts to control it by the use of a compress and well-adjusted bandage, until it attained the following dimensions: the antero-posterior diameter was 3½ inches: the lateral, 2½, and vertical, about 1½ inches. Its consistence to the feel was not unlike a mass of dough; very little fluctuation. It diminished slightly under pressure and increased under any straining effort. On pressure I noticed that the child would wince and swoon; so I determined to abandon continued pressure and ordered a little bromidia, which admirably kept the child from crying and in a very quiet condition, which tended to accomplish the hernial taxis, so to speak. Also, at the same time I ordered the nurse to manipulate upon the mass by gently pressing it toward the opening through the suture. At the same time I ordered it to be thoroughly saturated with camphorated oil; and to the great delight of myself and the parents, the tumor gradually disappeared by the 28th day of March, 1885. And to-day, the child (a female) is perfectly healthy, both physically and mentally, so far as we can see at present. Since that date I have treated a similar case with the same treatment, and the same good result. I hope that this little contribution may be of benefit to some brother physician when solicited as I was by anxious parents as to the prospects of cure.

Santa Clara, Cal. J. M. LEWIS, M. D.

Ergot in Neuroses.

Editor MEDICAL WORLD:

On two former occasions I called the attention of the profession, in these columns, to the use of ergot in nervous and basilar headaches. As my experience with the remedy increases, I am led to the firm conviction that the therapeutics of ergot is as yet almost a sealed book to the profession. Up to a decade ago, we hardly or never saw it recommended in our books, or heard it taught in the lecture-room only as a parturient. I might add that up to that time every old grandma, every country midwife, and almost every girl of adult age, knew about the use of "smut rye tea" and its application and use in the lying-in-room, as much as did the wisest of our profession. This remedy is among the longest known to medical men of the remedies in the materia medica, and to-day I believe that its therapeutic application to varied diseased conditions is the least known of all our older remedies. For the last five years I have made a special study of the use of ergot. I acknowledge that I have experimented with it on the living human subject; given it when I did not know what the result would be and awaited its action; used it empirically, if you please. Let me say here, that there are many, very many, useless and inert preparations of this drug on the market to-day. I have tried very many, if not all, of the fluid-extracts of ergot that are made. Some I find inert—don't know why; others I find will generally nauseate and frequently vomit the stoutest stomach; notably so, Squibb's. The preparation which I use now, and which I find to be just so every time, which does not nauseate, which I can inject without fear of abscess, and which I am absolutely positive will produce the desired effect without any untoward symptom, is what is known as the "Normal Liquid Ergot," as made by Parke, Davis & Co., Detroit, Mich.

Case 1.—W. K., aged eight years, had partial paralysis of lower limbs; gradually came on, no known cause; in trying to walk would stagger, reel, and fall down, just like a drunken man. At same time it was noticed that his sight was gradually failing, and he complained of pain in back part of the eyeballs; this condition continued until he could not bear the light, and kept himself in the dark. No other complaint was made of the eyes, no redness, everything apparently was perfectly normal, except as above indicated. Appetite good, all the functions of the body so far as I could detect were normal. He had been treated about three and one-half months and gradually grew worse, when I was called, November 30th, 1885. The family were poor and the surroundings were the most unfavorable possible for a favorable prognosis. I prescribed fifteen drops of normal liquid ergot (P., D. & Co.), in a little syrup tolu, three times a day, the last dose at bedtime and directed the parents to apply cold cloths to the eyes *pro re nata*. Empirically? Yes.

I heard or saw nothing more of the patient until one day, just two weeks afterwards, the parents and the child came walking into my office, with a smile of satisfaction and thankfulness on their faces, which amply paid me, if I never get anything else. The child could walk nearly as well as ever; his sight was perfect, but a little weak, perhaps, in a bright light, and "everything was lovely." I told them to let well enough alone and go on with the treatment. The boy is now well and going to school every day. The treatment was continued about thirty days in all.

Case 2.—Mr. A. H. B., farmer, aged about thirty-eight years. Always been healthy until about ten years ago, when he had an attack of spasmodic asthma, in the fall of the year. Since then, every fall or early winter (too late for hay fever), he has had just such an attack, that would last for a week or more, according to the treatment received. These attacks grew worse and longer in duration every year. This last November and December the attack had continued for five weeks, and every evening the spasm seemed worse; his attending physician, as he told me, had done all that he knew to do; had run the changes on anti-spasmodics, nerve tonics, anti-periodics, etc. The case grew worse; became so desperate, in fact, that for an hour at a time he would stand in the open outside door, thermometer several degrees below zero, to get his breath, his wife and hired girl fanning him hard all the time. At this stage of the trouble I was called to see him, which was December 31st last.

Looking upon spasmodic asthma as a neurosis, and being, perhaps, a little "cranky" on the use of ergot in nerve troubles, I gave him, at 2.30 P. M., one drachm normal liquid ergot. (I should have said that generally during the day-time his breathing was easier.) I told the wife to repeat the dose at any time during the evening, if any sign of returning spasm, and left a placebo of syrup of squills to be given every two or three hours. There has been no occasion to repeat the ergot; that night his chair was tipped back almost to a horizontal, and he rested well all night; next night he took off his clothes and went

to bed, and never slept sweeter in his life. In two or three days more he went about his farm work as well as ever, and remains so. Was or was not this case and its treatment empirical? If the ergot did not relieve him, what did?

Another case. Chorea in a child twenty months old; been afflicted from birth, and was gradually growing worse. Had worn out the bromides and valerianates. I was called, and found the child perfectly well in other respects to all appearances, hearty, functions all normal; put her on normal liquid ergot, three drops four times a day in syrup tolu; gradually increased the dose to five drops. Choreic symptoms gradually vanished. This was three months ago, and very slight traces of the trouble now exist. The patient is now taking an occasional dose of the ergot, sometimes once a day, oftener once in two days. I feel assured that an ultimate perfect recovery will result.

I could recite many more cases of the various forms of neuroses, where I have used this remedy with great success. In whooping cough, hiccough, many forms of neuralgia sciatica, and general nervous exhaustion as seen every day in our American women, ergot combined with some form of tonic is a marvellously good remedy. *How* it acts, wiser heads than mine must tell; but that it *does* all these things, and that in a manner most acceptable to patient and physician, this head does know from practical experience. Brethren of the profession, what do you know about ergot?

Bellaire, Mich. ELMORE PALMER, M.D.

Diseased Meat.

Editor MEDICAL WORLD:

There has been quite a discussion of the "diseased meat" question by some of our medical works, but one point which I would like to have thought of, if not discussed, bears directly on the subject of heat as a germ destroyer. Many very learned papers from the pens of some of our good brothers, tell of stock which has pleuro-pneumonia, being held for slaughtering. We also hear of meat actually used for food, in which is the little trichina spiralis, doubtless enjoying his life as much as the microbe, or disease germs of the above-named disease. Now we know of meat with trichina existing in it being used for food, and we are all cautioned about thorough cooking to destroy them. The question comes up, since cooking destroys germs in one case, why not in the other? I choose that disease simply to illustrate. Why won't thorough cooking destroy all active disease and make what might under different conditions be harmful, harmless as a food? When savages or animals eat carcasses dead of disease, we do not, as a rule, find them affected with the same disease. I don't know that I "hanker" after diseased meat, but I would like the views of others upon the point offered, for I have thought upon it and wondered why food used in a raw state by savages and animals should be poisen to "white folks" when well cooked.

D. F. BURTON, M. S., M.D.

Lehigh, Iowa.

Abortive Treatment of Pneumonia.

Editor MEDICAL WORLD:

The abortive treatment of pneumonia in the first stage by quinine, as advocated by Profs Loomis and Grinnell, I have tried several times, and have found it beneficial in two well marked cases of pulmonary congestion. I adminster five grains of quinine every three or four hours alternately with five grains of Dover's powder, for twenty-four hours, after that time four grains of each once in five hours. To stimulate the heart I give alcohol in some form and digitalis. Some patients are benefitted by hot applications. If much pain, I give morphia hypodermically.

Gum camphor dissolved in kerosene oil makes a popular household liniment, but to many persons the odor of the oil is offensive. What can we mix with the oil that will conceal its odor? E. L. PERKINS, M.D.

Newport, R. I.

Editor MEDICAL WORLD:

In the November No. of your most excellent journal, Dr. McKee asks for a preventative for cold feet. I find that pulv. capsicum, dusted sparingly into each stocking before taking a long, cold ride, answers admirably, and keeps the feet comparatively comfortable.

Mystic, Ct. A. M. PURDY.

Prof. Hugo Engel says: "If we could see the interesting cases met with by the common practitioner, how much we should know."

A MEDICAL compound as a remedy for rheumatism has been patented by Mr. John R. Barr, of Union Star, Ky. It consists of apple brandy, star root, gum guaiacum, nitrate of potassium, and prickly ashberries, compounded in certain proportions and used as stated.

Diphtheria—Erysipelas—Ulcers.

Editor MEDICAL WORLD:

I have practically shown my esteem for your valuable journal by recently renewing my subscription for 1886. THE WORLD needs no recommendation; it is its own aggrandizer.

In the last three years I have treated many cases of sore throat, pseudo-membranous, ulcerated and inflammatory, and out of the whole number, seventy-nine were literally diphtheria. Of all the cases treated, but two ended fatally; one on the fourteenth day from heart-clot, the other on the sixteenth from exhaustion.

The treatment was general and local, according to indications. Tincture of iron, chlorate of potash, quinine and brandy were used in the early stages of all cases. Turpentine, for its action on the membranes, the carbonate or aromatic spirits of ammonia, to prevent heart-clot, and sulphurous acid for antiseptic effect, were employed when indicated. Nourishing liquid diet; alimentation by the rectum where stomach was irritable. Sequelæ treated on general principles.

The local treatment was slaking lime and burning sulphur in the room frequently; painting membrane with tincture of iodine daily, use of throat-mop with strong solution of tincture of iron and chlorate of potash, and also a solution of borax and salicylic acid; blowing sulphur into the fauces; gargling with hot water frequently. Removing membranes and giving emetics were seldom needed. The above is a true record, almost too good to be believed; yet I lost but two cases out of the seventy-nine.

Erysipelas: I have treated this disease by different methods locally with good results. The constitutional treatment has always been tincture of iron and quinine in small doses every two hours. The local treatment has been, in phlegmonous varieties, charcoal poultice and early use of scalpel with antiseptic lotions; in milder forms, creosote ointment and lotions of acetate of lead and opium have always served an excellent purpose; painting the inflamed borders ("fencing") to gratify the patient was never neglected. The above treatment gave good results, but was slow in operation.

A few years ago Mr. Barwell, a medical celebrity, recommended painting erysipelatous surfaces with white-lead paint; this practice was afterwards endorsed by contributors to the London *Lancet*. I can also say that it is an excellent treatment, quickly relieving the heat and pain.

Chronic ulcers are exceedingly difficult to heal. I have excellent results with constitutional treatment, and a local dressing of salicylic acid, borax, glycerine and rose-water.

A case—M., female, æt. 15 years, had cold abscess on margin of false ribs, left breast. Abscess discharged; but instead of healing, its base formed an ulcer the size of a silver dollar, with irregular edges and deep. It gradually grew worse until treatment was begun. Treatment: Scott's emulsion and iodide of potassium with sarsaparilla internally; locally, dusted entire ulcer with salicylic acid twice daily, and applied carbolic acid dressing. The ulcer completely healed in six weeks from commencement of treatment.

J. G. ATKINSON, M. D.

Oak Hill, New Brunswick, Canada.

Treatment of Hæmorrhoids.

Editor MEDICAL WORLD:

I am a recent reader of your paper, and regard that I have missed much on account of not having been acquainted with its pages in the past. I like the friendly feeling manifested by the numerous professional gentlemen that contribute to it. Their communications exhibit a cordial good-will and an air of freshness and integrity that inspires confidence. I am a *paying* contributor to eleven medical journals, and I observe that there is considerable inquiry in regard to treatment of hæmorrhoids and other rectal ailments. After an experience in the treatment of several hundred cases in private practice, in which almost every form and variety of rectal disease has been observed, and in which almost every one of the diversified *methods* have been more or less practiced, I am enabled to adduce the following conclusions: For the cure of hæmorrhoids of either the arterial, venous or capillary varieties, the injection of a styptic (coagulator) by means of a hypodermic syringe is the correct thing to do in a very large majority of cases. It requires, too, no inconsiderable amount of practice and skill to inject these tumors properly. It is bad practice to deposit any of the styptic into the muscular wall of the bowel, since in almost every such instance a slough, leaving an ulcer or deep fissure, will follow, and this same ulcer or fissure will be a more difficult disease to cure than the pile just treated. The needle should be inserted near the base of the tumor and carried well up to the apex, and the styptic deposited slowly, and the needle withdrawn slowly at the same time, and a sufficient quantity of the styptic injected to wholly stop the circulation of the blood in the tumor down *to* and a *little*

below the point of insertion of the needle, so that there will be no oozing of blood or styptic when the needle is wholly withdrawn. A pile tumor thus treated will break off in a few days, and the "stump" will heal readily with simple dressing, and the patient will experience very little pain or inconvenience at any time. One tumor (and *sometimes* more) can be treated in this way at the office at a single sitting without an anæsthetic and unassisted, and the patient allowed to go about his daily avocation, and will be in condition for another such treatment in fifteen days. When the patient is to remain in private hospital or at his own rooms, where he can be attended by the operating surgeon or other competent medical man, *all* the pile tumors can with safety be thus treated at the same time and very often *without* an anæsthetic, his bowels having been previously "unloaded" and afterwards kept "locked up" for eight or ten days.

The styptic to be used is always an important matter in this connection. Of these there have been many suggested. A solution that is perfectly safe (if skillfully used) and always convenient, is carbolic acid and oil. These must be the very purest, and combined properly. Melt, in a water bath, carbolic acid crystals of the best make, sufficient to make ʒj, and *heat* at the same time, of the purest salad or table oil ʒiij in a perfectly clean six-ounce bottle. Into the bottle with the hot oil, pour the melted crystals of carbolic acid hot from the bath, shake well and replace in the bath for a time and heat together and shake again, not permitting a drop of water to get into the solution. Keep in a securely-corked bottle, and the solution will remain perfect any length of time. I have injected this preparation thousands of times and have but four instances on record in which I believe serious constitutional injury resulted. But *one* of these four proved fatal, and that one died under circumstances to very easily attribute his death to other causes. Neither the family nor his regular attending physician attributed his death to his treatment for piles. I believe the man's death was caused by the formation of an embolus, carried from the venous hæmorrhoidal tumor treated, the result of a *too weak* solution of the styptic being used. I will not intrude upon your space to state my views on embolism and thrombosis in this connection. The facts go to show that this method of treatment of piles is very safe and wholly superior to any other method practiced up to the present day. If these hints prove to be of any value to, and excite any interest in, the minds of the readers of THE WORLD, I shall be pleased to offer some experience and observations in the treatment of fistula, fissure, ulcer, spasm, procidentia, prolapsus, etc., of the rectum.

E. H. DORLAND, M.D.
5 Central Music Hall, Chicago.

[Doctor, on behalf of our readers, we thank you for the above useful article, and invite you to give your experience in the treatment of the other diseases of the rectum enumerated above. If every physician of large experience, particularly in any special class of diseases, would give the results of the same to his fellow-workers, how much better off the profession would be.—ED.]

To Remove Tapeworm.

Editor MEDICAL WORLD:

Dr. B. D. Long, of Bloomington, Ind., asks for a "sure remedy for tape worm." Prof. Palmer, of Michigan, recommends highly the following:

R Ethereal extract male fern . . . . . ʒ jss
Pulv. kousso flowers . . . . . ʒ ij
Confection senna, q. s. to purge.

Mix and divide into three parts. Let the patient fast twelve or eighteen hours, then take a dose of castor oil. Then give a bolus every half hour until all are taken.

Vevay, Ind. ALBERT G. CRAIG, M. D.

Dr. R. C. Hannah, of Flora, Ark., writes: "I would not miss one copy of THE WORLD for the price of a year's subscription."

Dr. Geo. Knickerbocker, of Udall, Kan., writes: "THE WORLD is far the best practical journal I know of, and I look forward to its coming with great interest.

A. C. Fox, M. D., Waynesboro, Va., writes:—"I take five journals, but THE WORLD is the only one I read through as soon as I can after getting it."

Dr. R. C. M. Cann, of Benton, Miss., writes:—"THE WORLD is one of the best practical journals published in America. It fully meets the every-day wants of the practitioner. I consider your chart a perfect treasure. It saves an immense amount of time that was formerly spent in looking over text-books on the treatment of diseases of the urinary organs. You may rely upon me as a life-time subscriber to your valuable journal."

Dr. G. C. Upham, of Van Buren, Maine, writes:—"I have taken more expensive journals, but was never better satisfied."

Dr. E. A. Bass, of Burnett Junction, Wis., writes:—"I am taking two $2 journals which combined do not contain the medical information and other valuable reading which is found in THE WORLD."

Dr. Czartoryski, of Stockton, Cal., writes:—"I consider your journal one of the most useful, in fact, *the* most useful for the busy practitioner."

DR. C. A. RITTER, of Kansas City, Mo., writes: "I cannot afford to be without it. The time has come when the busy practitioner wants *clean cut facts.*"

Dr. Thos. Goodwillie, of Vernon, Vt., writes:—"It is just what the busy practitioner wants—varied opinions of many active practitioners, with arguments pro and con."

Dr. John Wise, Dayton, Ohio, writes:—"The verdict among the readers of THE WORLD here is: 'It is the best paper we receive.'"

Dr. W. J. Hoadley, of Danville, Ind., writes:—"Your book, "Official Formulæ of American Hospitals," is a very handy book of reference. It can but be a satisfaction to a large class of physicians to receive the information it contains at so small a sum. I like the idea of your binder for THE WORLD, so that I may have the numbers of each volume before me, on the table, so that I may read and re-read each number. It is pre-eminently the paper for the fifty thousand."

Dr. F. R. Brunner, of Bechtelsville, Pa., writes:—"It is worth ten times its cost."

Dr. D. C. C. Frost, of Lowell, Mass., writes:—"I have taken THE WORLD for one year, and find it very valuable. I would not be without it for three times its cost."

Dr. Fred. C. Collier, of Herndon, Mo., writes:—"Botanically speaking, THE WORLD is a daisy."

Dr. C. J. Fowlard, of Roger, Ark., writes: "I take other medical journals, but THE WORLD is the only one that I never 'let up' on until I have read it through. I will not do without it as long as I practice medicine."

Dr. L. T. Doty, of Diana, Dakota, writes:—"I consider THE WORLD the most useful to the busy practitioner of any medical publication, no matter what the price. I should feel lost without it."

"Dr. Chas. Phinney, of 22 Center St., Burlington, Vermont, has heard me speak of THE WORLD frequently, and now he writes for me to send him one of mine; but I prize them too highly to break the set; so I write to ask if you will not send him one copy to the above address."—E. E. CONOVER, Clinton, N. J.

Quiz Column.

Questions are solicited for this Column. Communications not accompanied by the proper name and address of the writer (not necessarily for publication), will not be noticed.

CAN any of the readers of THE MEDICAL WORLD give the formula for "Dr. John B. Marchise's Uterine Catholicon?"

Owenton, Ky. R. W. BIRCHETT, M. D.

—o—

Editor MEDICAL WORLD:

Would like to know the formula for "Richmond's Samaritan Nervine," manufactured at St. Joseph, Mo. H. W. WATEROUS.

Elizaville, Ind.

WHO can give the formula for "Angell's Rheumatic Gun?"

Farmer, O. B. E. MILLER, M. D.

—o—

Editor MEDICAL WORLD:

Will you please give the formula for "Warner's Safe Liver and Kidney Cure?"

T. F. STOCKDILL, M. D.

Rural Valley, Pa.

[This appeared in our columns last year. We will republish it in a month or two.—ED.]

—o—

Editor MEDICAL WORLD:

I have a patient who complains of dryness of the throat, so dry that he says it "rattles" on awakening in the morning. There are small red pimples dotted over the soft palate. It has been troubling him two years. I have used tincture of iodine and nitrate of silver. What is the matter, and what shall I do for it? C. I. HOFFMAN.

Worthington, Pa.

—o—

I have not yet found a cure for chronic, nasal and pharyngeal catorrh (very prevalent here). Can give only temporary relief. Will some of your many readers give their experience and treatment in this troublesome affection? I take several journals, but like THE WORLD best of all.

Roxbury, Conn. L. J. ROUS, M.D.

—o—

Editor MEDICAL WORLD:

Could a man who is not intoxicated, premeditate and deliberately kill four of his own children, and then try to take his own life, and not be insane? I refer to the John Howell tragedy which will be tried in the Wayne County court next March.

Please answer in February WORLD.

Starrucca, Pa. J. C. BATESON, M.D.

[The deed would strongly suggest insanity, but insanity could not be determined without the details of the case.—ED.]

—o—

Editor MEDICAL WORLD:

Can you or any of the readers of THE WORLD give me the formula of "Swift's Specific" for syphilis? I am frequently asked if I can recommend it, but not knowing its composition, and believing that mercury and iodides are the best treatment, I can not recommend or use it.

Cambridge, Mass. W. A. POOR.

[Formula appeared in Sept. WORLD, 1884, We still have a few copies left. Ten cents each. Will probably republish formula soon.—ED.]

FORMULÆ.

In accordance with our promise to republish patent medicine formulæ etc., we gave cough mixture last month. This month we give liniments principally. Other preparations will be given next month.

ST. JACOB'S OIL.

Said to be composed as follows:

℞ Sulphuric ether.....oz. 3
Oil of turpentine.....oz. 50
Oil of origanum.....oz. 3
Oil of lavender.....oz. 1
Alkanet root, sufficient to color.

Another, perhaps more nearly correct.

℞ Gum camphor.....oz. 1
Chloral hydrate.....oz, 1
Chloroform.....oz. 1
Sulphuric ether.....oz. 1
Tincture of opium.....oz. ½
Oil of origanum.....oz. ½
Oil of sassafras.....oz. ½
Alcohol.....gal. ½

Dissolve the gum camphor in the oils and alcohol, then add the other ingredients.

FLAGG'S RELIEF.

℞ Oil of cloves.....(about) drachm 1
Oil of sassafras..... " " 2
Spirit of camphor.... " " 1½
Mix. —*J. J. Pierson, Ph. G.*

AYER'S AGUE CURE.

Said to be a syrupy tincture of cinchona, with aromatics.

TOBIAS VENETIAN LINIMENT.

℞ Spirit of ammonia.....parts 5
Camphor..... " 2
Tincture of capsicum..... " 5
Alcohol..... " 34
Water..... " 10
Mix. —*Hager.*

MUSTANG LINIMENT.

Said to be a mixture of coal-oil, water of ammonia and spirit.

A USEFUL LINIMENT.

A useful and inexpensive liniment for general use may be made by mixing together equal parts of coal-oil, oil of turpentine and spirit of camphor. The ingredients are at hand in nearly any house, and the country practitioner can make this information serve his convenience in many instances.

RADWAY'S READY RELIEF.

℞ Soap liniment.....(about) oz. 1½
Tincture of capsicum..... " oz. ½
Water of ammonia..... " oz. ½
Alcohol..... " oz. ½
Mix. —*J. J. Pierson, Ph. G.*

"THAT LINIMENT."

℞ Oil of turpentine,
Oil of spike,
Oil of origanum,.....of each oz. 1
Barbadoes tar.....drachms 2
Spirits of camphor.....drachm ½
Mix.

JAPANESE TOOTHACHE DROPS.

Equal parts of creasote, chloroform, oil of peppermint, oil of cloves, oil of camphor and carbolic acid.

CHAMBERLAIN'S RELIEF.

℞ Tincture of capsicum.....(about) oz. 1
Spirit of camphor..... " oz. ½
Tincture of guaiac..... " oz. 1
Color tincture, to make.... " oz. 2
Mix. —*J. J. Pierson, Ph. G.*

SANFORD'S CATARRH CURE.

According to Dr. A. B. Lions, of Detroit, this is composed of distilled extract of witch-hazel, containing a little alcohol and glycerine and some morphine.

KELLOG'S RED DROPS.

℞ Spirit of camphor,.....oz. 2
Spirit of origanum.....oz. ½
Oil of sassafras.....oz. ½
Oil of turpentine.....oz. ½
Color tincture.....(about) oz. 4
Mix.

WATT'S ANTI-RHEUMATIC PILLS.

Said to be as follows:

℞ Powdered aloes.....
" gamboge,..of each drachm 4
" hellebore..... " 2
" guaiac,..... " ½
Calomel..... " ½
Precip. sulphide of antimony.....grs. 15
Oil of cloves.....fl. dr. ½
Soap.....dr- 1
Sp. of camphor.....sufficient
Mix. Make into five-grain pills.

OIL OF JOY.

℞ Alcohol.....pints 4
Gum camphor.....oz. ½
Oil of sassafras.....oz. 1
Oil of cedar.....oz. 1
Tincture of guaiac.....oz. 1
" " capsicum.....oz. 2
Water of ammonia.....oz; 4
Chloroform.....oz. 3
Mix.

NERVE AND BONE LINIMENT.

℞ Oil of origanum.. .....
Oil of rosemary.. .....
Oil of amber .....
Oil of hemlock.....of each oz. 4
Turpentine.....pints 4
Linseed oil.....pints 6
Mix. For external use only.

BRODIE'S LINIMENT.

℞ Sulphuric acid..... .....dr. 1
Olive oil,.....oz. 1
Turpentine.....oz. 1

Add the acid gradually to the oil, stirring in a mortar; afterward add the turpentine.

JAYNE'S TONIC VERMIFUGE.

Consists of santonine, pinkroot, jalap, sugar, water and flavoring, with probably some turpentine.

GREAT LONDON LINIMENT.

℞ Chloroform.....
Olive oil.....
Water of ammonia.....of each oz. 1
Acetate of morphia.....grs, 10
Mix.

BRODIE'S LINIMENT FOR ASTHMA.

℞ Oil of stillingia.....drs. 4
Oil of cajeput.....drs. 2
Oil of lobelia.....dr. 1
Alcohol.....oz. 1
Mix. S.—Bathe the chest and throat three times a day.

"ATHLOPHORUS."

Substantially as follows:
℞ Sulphate of morphia.....grs. 2
Fluid ext. of colchicum seed.....
" " of guaiac resin. of each fl.dr. 1
Potassium acetate.....
" salicylate.....of each grs. 60
Diluted alcohol.....fl. oz. ½
Syrup of squills....q. s. to make fl. oz. 6
Mix. By gentle heat.

The syrup of squill should be made by digesting for about 18 hours, 180 grains of squill root in hot water sufficient to make an infusion of 3 fluid ounces. In this dissolve 8 troy ounces of glucose by gentle heat.

WIZARD OIL.

℞ Tinct. camphor..... 8
Aq. ammonia..... 4
Oil sassafras..... 4
Oil caryophyll..... 1
Chloroform..... 2
Oil turpentine..... 1
Alcohol.....25
—*Kilner.*

Spirit camphor.....20
Liq. ammonia spirit.....10
Oil sassafras.....10
Oil caryophyll..... 6
Chloroform.....15
Oil terrebinth.....10
Spirit vini.....50
(Parts by weight.) —*Pierron.*

TULLY'S ANODYNE POWDER.

R. Sulphate of morphia.....gr. 1
Camphor.....
Powdered licorice root.....
Prepared chalk.....of each, grs. 20
Mix. Dose, ten grains, containing 1-6 grain of morphia.

PERRY DAVIS' PAIN KILLER.

This is said to be prepared as follows:
Take of
R. Powdered guaiac.....20 lbs
Camphor..... 2 lbs
Powdered cayenne pepper..... 6 lbs
Caustic liquor of ammonia..... 1 lb
Powdered opium.....½ lb
Digest in 32 gallons of alcohol for two weeks, and filter.

A USEFUL PAINT IN DIPHTHERIA.

℞ Tincture of iodine.....
" of sesquichloride of iron aa dr. 1
Carbolic acid.....grs. 10
Glycerine.....oz. ½
Mix.

"OIL OF GLADNESS."

R. Oil of marjoram.....
Oil of peppermint.....
Oil of horsemint.....of each, fl. dr. 1
Ether.....fl. drs. 2
Tincture of capsicum.....fl. drs. 4
" of opium.....fl. dr. 1
" of red saunders.....fl. dr. 1
Alcohol.....sufficient to make oz. 8
Mix.

PAIN EXPELLER.

R. Tincture of capsicum.....drs. 25
" of camphor.....drs. 5
Aqua ammonia.....drs. 10
Alcohol.....drs. 10
Opodeldoc.....drs. 10
Mix.

For Earache.

A few drops of the following mixture introduced into the external auditory meatus, will relieve "earache."
℞ Sulphate of atropia.....gr. 1
Sulphate of morphia.....gr. 2
Glycerine (neutral).....dr. ½

Creasote Wine.

R. Wood creasote..... parts 6
Compound tincture of gentian. parts 30
Alcohol..... parts 250
Sherry..... parts 710
Mix. Dose, 1 tablespoonful two to three times a day in a cupful of water. In consumption it diminishes the cough, fever, expectoration, etc.
—*National Druggist.*

Phosphated and Creasoted Wine.

R. Wine of quinine..... parts 250
Malaga wine..... parts 200
Lactophosphate of lime..... parts 5
Alcohol..... parts 50
Creasote..... parts 5
Arseniate of sodium..... part 0.01
Dissolve the lactophosphate in the malaga, and add the arseniate. In another vessel mix the creasote and alcohol, and add the wine of quinine. Mix the two fluids. The result will be a wine which is absolutely clear.
—*National Druggist.*

Anodyne for Children:

The following "Baby ℞" is frequently used in the City Hospital, and has generally given much satisfaction;

COLIC MIXTURE.

Take of—

Sodii brom	oz.	4
Ol anisi	gr.	2
Tr. opii camph	drops	32
Aqua, q. s., ad	oz.	2

M. Sig.—Teaspoonful every hour, as needed. Shake before using.

Indiana Pharmacist.

Whooping Cough.

HAMMOND'S SPECIFIC.

R. Ammon bromid	ʒ	j
Tr. lobeliæ	gtt.	xx
Tr. stramonii	gtt.	iv
Acid hydrocyan, dil	gtt.	vj
Syr. pruni Virg	ʒ	j
Elix. cort. aurant	ʒ	ij
Aquæ	ʒ	vj

M. Ft. sol. Sig.—For a child 8 to 12 months old, 10 to 12 drops every three or four hours. This is regarded as well nigh specific in that disease.—*Atlanta Med. and Surg. Jour.*

Indian Liniment.

R Pulv. aconite radicis	℥	x
Camphoræ	ʒ	ss
Sp. rect	q.	s

Moisten the powder with a little of the alcohol, and keep in a closed jar for three days; then place it in a displacing apparatus and treat it with the rest of the alcohol. It is then received in a vessel containing the camphor, up to half-a-pint. This liniment is employed in India with much success in cases of rheumatism and neuralgic affections, taking care not to apply it to denuded surfaces. One fluid ounce represents an ounce of the dry aconite root.

To Administer Paraldehyde.

Wm. Craig, M.D., in *Brit. Med. Journ.*, gives:—

R Pulv. tragacanth comp. (Br.)	gr.	xx
Syr. aurantii	fʒ	iv
Paraldehydi	fʒ	i
Sp. chloroformi	♏	xv
Aquæ	q. s. ad.	fʒ iij

Mix.

To be given at bedtime in a single dose.

"Murray's Infallible System Tonic."

R Aloes	gr.	50
Powdered cinnamon	gr.	xxv
Powdered Glycyrrhiza	gr.	xxv
Water	q.	s.

Make into a pill mass with a little water, and divide into fifty parts. Press into gelatin capsules for use.

A Prophylactic Injection for Gonorrhœa.

R Hydrarg perchloride	2 parts
Ammonii chloride	6 parts
Alcoholis	200 parts
Aq. dest	q. s. ad. 1000 parts

Mix. Inject immediately after coition. For both sexes.—*Revue de Therap.*

For Syphilitic Ulceration of the Tongue.

R Hydraig perchloride	gr.	vi
Acid muriatici dil	♏	xx
Glycerini	ʒ	iij
Aquæ	ad ʒ	viij

M. Sig.—Use as a wash.

For Gleet.

R Liq. plumbi	ʒ	i
Acid carbolici	♏	vi
Glycerini	ʒ	vi
Morphiæ acetatis	gr.	iij
Aquæ	ad ʒ	viij

M. Sig.—Inject night and morning.

L. LEWIS, M. D.

Syrup for Rheumatism of the Joints.

R Potass. iodide	gr.	xl
Potass. bromide	ʒ	i
Tinct. iodi	♏	xl
Tinct. gentianæ	ʒ	iij
Syr. simplicis	ad ʒ	ij

M. Sig.—One tablespoonful night and morning, at the same time painting the painful joints with iodine.

Emmenagogue.

R Tinct, ferri perchloride	ʒ	iij
Tinct. cantharides	ʒ	i
Tinct. aloes	ʒ	ss
Tinct. guaiaci arumon	ʒ	iss
Syrupi	ʒ	vi

M. Sig.—A tablespoonful three times daily.

DR. DEWEES.

For Habitual Constipation.

R. Ext. belladonnæ	gr.	iij
Ext. nucis vomicæ	gr.	iij
Ext. ergotæ	gr	xij

M. Divide into 12 pills. Sig.—One every night.

L. LEWIS, M.D.

Alcoholic Strength of Quack Bitters.

RHODE ISLAND STATE ASSAYER'S REPORT.

Hostetter	43.20
Drake Plantation	30.24
Rush	34.20
Peruvian	22.40
Hoofland	20.85
Oxygenated	19.23
California Wine Bitters	18.20
Walker Vinegar	7.20

THE Peoria *Medical Monthly* says of the book "Official Formulæ of American Hospitals": "The pharmacopœias of the various large hospitals of this country must contain much that is of well proven value, and their formulæ cannot fail to furnish many useful hints for private practice. Dr. Taylor has done a good work in collecting them into an available shape."

Portrait of Pasteur.

We have just received from Messrs. Wm. R. Warner and Co., of this city, an elegant portrait of Pasteur, the eminent French scientist. This is issued for complimentary presentation to the many patrons of the above mentioned firm. Readers of this journal may write to them for it. Also a portrait of Sir Astley Cooper, will be sent upon request if you apply soon, before they are all gone.

Please Read and Act.

Let us suggest something a little novel. When writing to advertisers, mention the journal or journals that you like best. Mention those that you always read through from beginning to end and that you always preserve most carefully. This will be welcome information to advertisers, and it may result in some advantage to your favorite journal.

SPECIAL.

Before reading this column, provide yourself with a plentiful supply of letter paper or postal cards, by the judicious use of which you can obtain much valuable information, worth to you many thousand times the value of your postage and trouble. Your communications will always receive prompt attention if you mention THE MEDICAL WORLD.

SEE if you can't find something new this month in the advertising pages. The best men in the profession learn many valuable things by reading the advertising pages. Don't neglect this means of keeping up with the times.

I USE Hydrastis very extensively, and Lloyd's Hydrastis is far superior to any other preparation that I have ever used. I used it internally in Atonic Dyspepsia and Chronic Gastritis; locally in Chronic Cystitis, Gonorrhœa, Gleet, and Varginal Leucorrhœa. I believe that I was one of the first to suggest and use the (old style) liquid Hydrastis, and was much pleased with its action, because it was in a form that I had long wanted, viz., a preparation that would mix with any excipient without precipitation, and I have prescribed it almost daily since, the color and taste being the prominent objection. Now we have an article therapeutically reliable in every respect, with the above objection obliterated, an article that I believe to be a truly wonderful preparation of the active principles of that most most valuable drug, Hydrastis Canadensis.—DR. L. E. WICKENS.

[Messrs. Lloyd Bros., Cincinnati, O., are making a *special offer* to physicians, for a few months only. You will receive it by sending your name and address on a postal card and mentioning this journal.]

STRONG claims are made by disinterested parties for the superiority, durability, etc., of Dr. Jerome Kidder's batteries. A new 68-page pamphlet presenting the entire matter, and giving much information on the relations of electricity to physiology and pathology, will be sent free to readers of this journal It is a scientific treatise upon the use of electricity. See advertisement for address.

St. Meinrad, Ind., Dec. 7th, 1885.

Dr. D. B. Bunn, Randall, Ark:

Inclosed find postal note $1.50, for which send me at once one of your Uterine Supporters. I like them very much and think they are the easiest worn supporter presented to the profession.

E. E. GENGELBACH, M.D.

FLOODING.—Every physician of experience in the parturient chamber has a dread of sudden uterine hemorrhage, which may come when he leasts expects it. "Doctor, I am flowing fearfully," exclaims the anxious patient. A deathly pallor spreads over her face as she looks imploringly to her medical attendant to save her. A moment's examination tells him that her life currents are ebbing fast and must be checked at once, or his patient is lost. What shall he do to avert the catastrophe? There is no retained membrane, no clot; placenta has passed entire. He grasps the fundus of the womb, but it does not contract under his manipulation; next the tampon, and still the flow goes on. Ergot is indicated, but it does not act quick enough; the quality may not be good, as is often the case; the patient is sinking; brandy or or other powerful stimulants are called for. Two teaspoonfuls of the Viburnum Compound (Hayden's), in a little water, sweetened, every ten minutes, in nine times out of ten will save the mother when all the rest have failed. This has been the experience of hundreds of physicians who have certified to the fact. In all internal hemorrhage it is the sheet anchor.

READ Dr. Hayden's new adv. Be sure to send for a copy of the last edition of his book.

READ the adv. of Dr. McArthur's hypophosphites. Cling to that which has been tried and found good.

THE "pepsin war" has at last terminated, and the the victory, is as it should be, on the side of truth and justice. Pure and efficient pepsin is of great importance to the physician. The following is quoted from the patent process for the manufacture of the so-called "golden scale" pepsin:" "I first take one hundred stomachs of the hog or other animal, and after cleansing and cutting them into small pieces, submerge them in about ten gallons of water at ordinary temperature, 60° to 65° Fahrenheit, to which has been added about two pounds of hydrochloric acid, U.S. Pharmacopœia. I also dissolve about *sixty pounds* (more or less may be used, as desired) of *pured ried egg albumen* in water, using preferably about seventy-five gallons of tepid water." It will thus be seen that dried albumen, the price of which is about 25 cents a pound, has been sold to the profession, as pepsin at 75 cents to $1 an ounce. As soon as the above was made public, the demand for Jensen's pepsin was at once doubled. The profession is under many obligations to those who furnish pure and reliable pharmaceutical products.

PHILLIPS' PALATABLE COD-LIVER OIL.

EMULSION.

Presents the most minute division of the Oil Globules yet attained in an Emulsion. Is perfectly miscible with Milk, Water or other fluid in any proportion. Is easy of administration and readily assimilated. It contains 50 per cent. of highest grade Norway Cod-Liver Oil combined with the Wheat Phosphates.

Attention is also asked to

PHILLIPS' DIGESTIBLE COCOA

The fat of this Cocoa (usually the disturbing element) is herein digested by means of Pancreatin, so that, following the use of this Cocoa, one feels stimulated and buoyant, and altogether free from the heaviness, depression and headache, so common form the ordinary preparations of Cocoa and Chocolate.

A DELICIOUS BEVERAGE. NOURISHING TO A HIGH DEGREE. EASILY DIGESTED.

MILK OF MAGNESIA—An Antacid and Aperient.
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HOSPHO-MURIATE of QUININE Comp. }

THE CHAS. H. PHILLIPS CHEMICAL CO.
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THE CHART.

THE URINE IN DISEASE

has been most highly commended by the medical profession and medical press. It is now in use by many practitioners in all parts of the country, and in a majority of the Hospitals of this country. Tests for each abnormal ingredient, with specific gravity, reaction, quantity, characters, remarks, therapeutic notes, etc., are shown at a glance.

PRICE, 50 CENTS.

"Worth double the money."—*Therapeutic Gazette.*

"One wonders how so much practical knowledge can be made so easily accessible and condensed in so small a space."—Dr. T. B. Fowler, Cohocton, N. Y.

☞ *Those who send $2, $1 for THE MEDICAL WORLD and $1 for the book, "Official Formulæ of American Hospitals," will receive, GRATIS, upon request, a copy of the Chart, 'The Urine in Disease." Send soon, before the Charts are all gone.*

Baker's Pure Norwegian Cod Liver Oil.

Established 1830.

Put up in our capsuled bottles with steel engraved label. Will always be found of unequalled quality, and sure to yield the most satisfactory results.

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An Astringent and Balsam combined, in the most convenient form for application. Descriptive circulars and endorsements mailed on application. Boxes of 14 Suppositories, 75 cents, by mail, to physicians who mention this Journal.

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C. L. Oil with Hypo-phosphites. Made with our unequalled Norwegian Oil, rendering it by common consent the Best Emulsion in the market.

BAKER'S COD LIVER OIL, WITH EXTRACT OF MALT.

A combination of equal parts of these two potent remedies, in which the taste of oil is completely masked and rendered quite palatable.

The tonic and nutritive properties of both the Oil and Malt should recommend this article to universal favor.

KAIRIN AND ANTIPYRIN,

THE NEW FEBRIFUGES.

Both powerful agents, especially in cases of Pneumonia, Erysipelas, Consumption, Typhoid and Yellow Fevers. No secondary effects; no chills. Antipyrin reduces high fever 5 to 7° within one or two hours, and the low temperate maintained from 7 to 20 hours. ANTIPYRIN, an oxygenated alkaloid, is brought into commerce in form of the free base. It was prepared synthetically by Dr. Knorr, of Munich, from the constituents of coal tar, etc. It forms a white, crystalline powder, which is very easily soluble in cold water. Dose, 15 to 30 grains; for children, 5 to 15 grains.

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"The *BUFFALO LITHIA WATER* acts better than any other solution of the Salts in **Bright's Disease** or a **Gouty Diathesis**, and is better borne by the stomach."—*Prof. Wm. A. Hammond, M.D., New York.*

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"Were I called upon to state from what Mineral Waters I had seen the greatest and most unmistakable amount of good accrue, in the largest number of cases, I would unhesitatingly say **BUFFALO LITHIA WATER.**"—*Prof. Wm. T. Howard, M.D., Baltimore, Md.*

Price $5.00 a case, containing a dozen half-gallon Bottles.

☞As a special offer, GOOD DURING FEBRUARY ONLY, and to enable you to test its value in your practice, we will deliver the Lithia Water at your nearest railroad depot, all freight charges prepaid, upon receipt of the above price. Address

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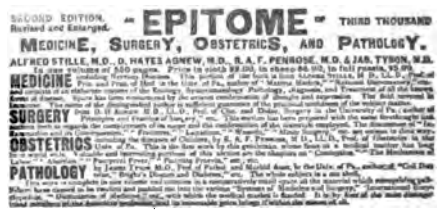
$18.00 WORTH FOR ONLY $8.00.

Those forwarding $8.00 prior to March 1st, will receive the chart "The Urine in Disease" (see back of this page) "The Official Formulæ of American Hospitals," (see page xxiv.) THE MEDICAL WORLD for one year and these four books in cloth.



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WRITE to Messrs. Battle & Co., St. Louis, Mo., for a sample of Bromidia and pamphlet, sent free, and mention this Journal. Bromidia is used by and has received the commendations of many eminent physicians.

READ the new advertisement of the Antiseptic and Antilithic compounds, Listerine and Lithiated Hydrangea, and write to the Lambert Pharmacal Co., St. Louis, for new Illustrated Formula Book showing the best methods for their employment.

SEE advertisement of vest pocket scales.

YOU have patients who cannot drink tea or coffee. They need "New Era Coffee," which is not coffee, but made from wheat, and is non-stimulating. A sample and circular will be sent free to physicians who read THE MEDICAL WORLD. Address Wright & Rich, 167 Chambers St., New York.

SEE adv. of "The Lady's Syringe." A sample will be sent on receipt of $2. Try it.

A SAMPLE of Unguentum Petrolei will be sent free to physicians who mention THE MEDICAL WORLD. Address E. F. Houghton & Co., 211 S. Front St., Philadelphia.

A SAMPLE of "Grainlet" will be sent free to physicians who mention THE MEDICAL WORLD. Address Grainlet Co., 119 West St., New York City.

SEND to H. Planter & Son, 224 William St., New York, for samples of capsules.

IF you are not already acquainted with Magee's emulsion of cod-liver oil with malt and the hypophosphites, send immediately for pamphlet and sample. See adv.

IT is positively claimed that Massanetta water *will cure malaria*. Send to Shafer's Mineral Water Depot, 1010 F. St., Washington, D. C., for pamphlet and testimonials.

CIBIL'S Fluid Beef Extract is made in South America (where beef is cheap), from the choice parts of the beef. A sample bottle will be sent free to physictans who mention this journal, upon receipt of 25 cents for expressage. Address Cibil's Co., 1191 Broadway, New York. Circulars free.

READ Pomeroy Truss Co.'s adv. A new article will appear next month. Notice it.

USE Dr. Hoffman's pessary. See adv.

A SAMPLE Barry's thermometer, by mail, to you for $1.25.

THE list of hypodermic pellets of Wm. R. Warner & Co., is already large, but they are further enlarging and perfecting it. Write to them for any information concerning preparations for hypodermic medication.

SEE adv. of "Ominico." It is an elegant and very useful preparation. To readers of this journal who really wish to test the value of "Ominico," a *ten-ounce* sample will be sent free of *all* expense.

IF you have not tested the merits of "Oleo-Chyle," a sample bottle for this purpose will be sent free of all expense if you mention, THE MEDICAL WORLD. See adv. on title page.

BE sure to send to Fairchild Bros. & Foster, New York City, for pamphlets on digestive ferments.

MESSRS. Griffith & Co., chemists and druggists, 146 Second Avenue, corner Ninth, New York, deserve considerable credit for the manner in which they protect the physicians from "repeats" when they prescribe their Compound Mixture of Guaiac, Stillingia, &c. See their advertisement. They will send, upon receipt of one dollar, express charges prepaid, a regular size bottle. Physicians who have a stubborn case of rheumatism on hand, and about to abandon it, will do well to try a bottle of this mixture before doing so. We have personally seen a number of letters from M.D.'s speaking very highly of it.

OMINICO.—Read adv. and send for sample. It is a delightfully pleasant antiseptic.

WHILE the cold weather is "on," send for a sample of Oleo-chyle.

THE N. Y. Pharmacal Association will be pleased to send you a sample of Lactopeptine, if you will send them your address, but always mention WORLD. 84 West Broadway, New York.

"THE Sources, Uses, and Analyses of Mineral Waters." Price, 50 cents. Will be sent *free* to readers of THE MEDICAL WORLD. Don't delay sending. Address P. Scherer & Co., 11 Barclay St., New York.

SAMPLES of Scott's Emulsion and Buck-Thorn Cordial will be sent free to readers of this journal, upon request. See adv.

DID you ever hear of Poland Mineral Spring Water? Send a postal to Poland Water Co., 164 Nassau street, New York City, and mention this journal, and an interesting illustrated 72-page pamphlet will be sent to you, free.

ELECTRICITY was used entirely by quacks until the profession took it up and put it on a scientific basis. Oxygen is now going through the same history. Regular physicians are beginning to use it with great advantage. For information, circulars, etc., concerning the production and uses of oxygen, address Chas. Beseler, 218 Center street, New York.

THE proper and successful nourishment of consumptives has long been a problem. An emulsion of pure sweet cream with extract of malt is the best thing yet offered. See advertisement and write for circular to M. J. Breitenback, 61 Bowery, New York City.

DREXEL'S Essence of Malt is at the top. It is delicious, nutritious and exhilarating, and "has become a favorite among the ladies." A sample will be sent if WORLD is mentioned. Address T. B. Drexel & Co., 831 Arch street, Philadelphia.

BAKER'S Cod Liver Oil is always excellent, but this year it is unusually fine on account of the good condition of the fish. We know of its good qualities from experience. Try it. Send for pamphlet.

A FORMULA Book, showing the use of Listerine in all branches of medicine in which antiseptic treatment is followed, has just been completed, and will be forwarded to physicians upon request. Mention WORLD. Address Lambert Pharmacal Company, 116 Oline Street, St. Louis.

SEE advertisement of The Ready Binder.

WE call attention to advertisement of Peptonized Beef in this issue. It would appear that the problem of an extractive of digested beef has been solved by Prof. Preston B. Rose, formerly of the Michigan State University, and its preparation attempted upon a scale commensurate with its importance. The general agents of this preparation, Messrs. Chapman, Green & Co., of Chicago, will be pleased to forward samples as per their advertisement.

THOSE who mention this journal will receive, free of cost, a sample of Rabuteau's Dragees of Iron, for trial. Address E. Fougera & Co,, 30 North William street, New York City.

READ carefully the testimonials in Messrs. Hastings & Garson's advertisement. We have seen the original letters from a very large number of physicians, from different parts of the country, who speak in the most favorable manner of the Uterine Supporters, as well as of other surgical appliances of their manufacture.

SEE advertisement of Procter's Pepsin, and send and get an ounce on terms mentioned, *for trial.* It is of more than officinal strength, it is *pepsin* (not peptone), and will not deteriorate by age. Try it.

THE price of Anderson's Vaginal Capsules has been reduced from seventy-five cents a box to sixty cents, to physicians. Try them.

HAVE you not had many patients with whom all syrups would disagree? Syrups nauseate many stomachs. In all such cases Kidder's *wine* of the hypophosphites should be used. If THE MEDICAL WORLD is mentioned, a sample will be sent free; also a sample of "digestylin," a new preparation; also of hydroleine, if you have never tried that valuable preparation. Address, Wm. F. Kidder & Co., 83 John street, New York city.

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IT is claimed that Lactated Food is a perfect food for infants. A regular package for trial will be mailed free to readers of THE MEDICAL WORLD. Address Wells & Richardson Co., Burlington, Vt.

USE Anderson's Vaginal Capsules.

USE Cutter's inhaler; only $1. Prescribe it for your patients. It is the simplest, most durable, and cheapest.

IN writing to Messrs. Parke, Davis & Co., for literature, samples, etc.. always mention THE MEDICAL WORLD. See their advertisement on the last page.

To readers of this journal a detailed list and samples of soft and hard capsules will be sent free. Physicians, please specify "Gedney's" when ordering or prescribing. Address, L. H. Gedney, 203 East 88th street, New York city.

ONE of the main objections to electricity in practice, especially country practice, has been the inconvenience of a large and heavy battery. This is completely overcome by the compact and powerful pocket battery of Messrs. Smith and Shaw, 168 W. Thirty-fourth street, New York City. The price is *very* reasonable. Send for descriptive circulars, and mention THE WORLD.

SEE advertisement of the new preparation, Fucus Marina, and send for sample, which will be sent free, if you mention this journal.

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BE sure to send a postal card to Mariani & Co., 19 East Sixteenth street, New York, for their new treatise on Erythroxylon Coca, from which the wonderful cocaine is made. Treatise will be sent if the WORLD is mentioned.

SEND a postal to B. Keith & Co., 75 William street, New York, for their revised and enlarged Manual, which will be mailed free if THE WORLD is mentioned.

WHEN writing to Messrs. Wm. R. Warner & Co., for information or literature regarding ingluvin, parvules, pills, etc., etc., or when ordering goods or requesting samples, adways mention THE MEDICAL WORLD. Notice the advertisement of hydrobromate of caffeine.

SUFFICIENT Celerina, Acid Mannate, Pinus Canadensis and Aletris Cordial to fully test their merits, will be sent free to those who are willing to pay express charges. Address the Rio Chemical Company, 113-15 Locust street, St. Louis, Mo., and mention this journal.

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SEND a postal card to Wm. Snowden, 7 South Eleventh street, Philadelphia, and get a card of surgeons' pure iron-dyed silk, free if THE WORLD is mentioned.

SEND your address on a postal card to the N. Y. Pharmaceutical Co., Bedford Springs, Mass., and you will receive an illustrative Hand-Book of treatment, formulæ, etc., free.

SEND a postal card to the Western Suppository Company, 91 Washington street, Chicago, and get their new book of Formulæ, etc.

SEE prices and *discounts* to physicians of the Improved Elastic Truss Co., on adv. page vi.

DO NOT fail to send to the National Pharmacy Association, 433 Hollins St., Baltimore, and get a physician's sample of Mineral Earth. Always mention THE WORLD.

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PARVULES Quickly Soluble. Small Doses.

CAUTION—PARVULES ARE NOT GRANULES.

Pocket Cases, with any 20 selections, for the use of Practitioners, $6.00 net
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Hydrarg, Bi-Chlor.....1-100 gr.
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Opii.....1-40 gr.
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Phosphorus.....1 200 gr.
Med. prop.—Nerve Stimulant.

Piperinæ.....1-20 gr.
Med. prop.—Tonic, Antiperiodic, Carminative.

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Med. prop.—Diuretic and Refrigerant.

Quininæ Sulphatis.....1 10 gr.
Med. prop.—Tonic, Antiperiodic.

Santonini.....1-10 gr.
Med. prop.—Anthelmintic.

Strychniæ.....1-100 gr.
Med. prop.—Nerve Stimulant, Tonic.

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This is a new and convenient class of medicines (minute pills) quickly soluble, designed for the administration of remedies in small doses for frequent repetition in cases of children and adults.

It is claimed by some practitioners that small doses given at short intervals exert a more salutary effect.

SPECIAL DISCOUNT FOR QUANTITIES.

WILLIAM R. WARNER & CO.

Manufacturers of SOLUBLE COATED PILLS IN ALL VARIETIES,

Supplied by all the leading Druggists, or sent by mail on receipt of price.

1228 Market Street, Philadelphia.

FAC-SIMILE OF LABELS.

"OVER THE CORK"—to be removed when dispensed:

Griffith & Co.

"To be Left on the Bottle"—when dispensed:

Not to be repeated without an order from the physician.

"NOTE TO PHARMACISTS"—To be removed when dispensed.

NOTE TO PHARMACISTS.

As this preparation is solely designed to be dispensed on physicians' prescriptions, it is earnestly requested that any pharmacist who may have occasion to dispense it will remove ALL of OUR labels except the small strip label, which reads "Not to be repeated without an order from the physician," and paste on HIS OWN LABEL, duly numbered and dated, with the physicians' directions written thereon.

It is hoped that physicians will see that this request is complied with in each of their own individual cases, as the object is manifestly proper, and, as will be readily understood, a measure to prevent this preparation from being "huckstered" about, and falling into the hands of Laymen or Patients for whom the physician has not prescribed it.

The paste is of such a nature that the labels are readily removed by putting the bottle for a few moments in cold water.

Very respectfully, GRIFFITH & CO.

"ON THE BOTTLE"—to be removed when dispensed:

8 Ounces. "REGULAR SIZE." Price, $1.25

GRIFFITH & CO.'S COMPOUND

MIXTURE OF GUAIAC, STILLINGIA, &c.

"Mixture Guaiaci et Stillingiæ, Comp."

"NOT A PATENT MEDICINE."

The Original and private monogram also our signature printed on the label genuine has this ear "printed on the label: at the bottom, and over the cork."

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This Mixture combines in a pleasant and agreeable form, *Guaiac, Stillingia, Prickly Ash, Turkey Corn, Black Cohosh*, and many other of the well-known remedies for Inflammatory, Muscular, Acute, Articular, Pulmonary and Chronic RHEUMATISM, Gout, Lumbago, and the various forms of Neuralgia, affording relief in from twenty to twelve-four hours. In Facial Neuralgia, one to two doses usually suffice, while at the same time it acts as a powerful Alterative and Blood Purifier.

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LOUIS LEWIS, M. D., M. R. C. S. (ENG.), ASSOCIATE EDITOR.

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CITY OF PHILADELPHIA:

Personally appeared before me, the subscriber, George W. Clement Notary Public, of the said city, ALFRED D. SYCKELMOORE, who being duly sworn according to law, doth depose and say, that the deponent has printed and is under Dr. C. F. Taylor, publisher, twenty thousand copies of the MEDICAL WORLD, for February, 1886, and further deponent saith not.

ALFRED D. SYCKELMOORE.
1420 Chestnut St.

Sworn and subscribed to before me, this 24th day of February, A. D. 1886. GEORGE W. CLEMENT,
Office 23 N. Juniper St. *Notary Public.*

Sulphate of Aniline for Epilepsy.

We have prescribed *sulphate of aniline* in some cases of epilepsy and infantile convulsions, with sufficient benefit to encourage a further trial of this little-used salt. The dose for infants and children under ten years was one grain dissolved in water, with a few drops of diluted sulphuric acid, administered twice or three times a day. Two grains were given to adults. It had no ill effects in these quantities. Sulphate of aniline is a salt of a light grey colour, which deepens under the influence of light. It gives a "tarry" odor of coal to the excretions, being itself a product of the distillation of coal. It was formerly employed in the treatment of chorea and some obscure nervous affections, but fell into disuetude. It dilates the pupil. It is soluble in ether, alcohol, and in fixed and volatile oils, and sparingly in water. L. L.

Protecting the Perineum.

How to protect the perineum has long been a problem, and the various means proposed have not completely solved it. Pressure directly upon the part while the head is endeavoring to pass the vulvar orifice is extremely imprudent. The powerful pressure upon the perineum by the head above and the hand below so squeezes the tissues that much of their natural elasticity and resistance are lost. So this mode of "supporting the perineum" actually *favors* rupture, instead of preventing the same.

Dr. Mekerttschrantx, of Germany, advocates the following method: The patient lies on her back with the lower limbs flexed and knees not so far separated as to put the perineum on the stretch. Now the right hand is placed over the perineum (no pressure), and with the fingers on one side and the thumb on the other the two sides are approximated, thus relaxing the perineum. He further advises, when the frænum is put upon the stretch, that the left hand be placed above, the wrist resting upon the mons veneris, the fingers grasping the labium on one side and the thumb the other, and by approximating the two sides the frænum is relaxed. After the expulsion of the head the left hand does whatever becomes necessary, while the right hand remains on duty relaxing the perineum during the expulsion of the shoulders.

The doctor reports remarkable results from this method. In fifty primiparæ a trifling rent was observed in only two cases.

The Obstetric Binder.

A German surgeon attributes the shapeliness of English married ladies to the use of the obstetric binder after labors, a practice ignored in Germany, in consequence of which German matrons mostly are disfigured by relaxed and pendulous abdominal walls. On the other hand, there are writers who maintain that the use of the binder favors this very relaxation.

INDEX OF TREATMENT.

[In this index the diseases will be taken alphabetically, and prescriptions embodying the latest and best treatment for each disease will be given. The index will be continued from month to month until the catalogue of diseases is exhausted.—L. L.]

Acne.

FOR INTERNAL USE.

℞ Calcii sulphidi.....gr j
Liq. arsenicalis (Fowleri).....m xvj
Aq. dest.....ʒ ss
One-fourth part four times a day.

NOTE.—This mixture is best prepared from day to day, in order to preserve the integrity of the calcium sulphide.

For acne punctata, and acne rosacea.

℞ Brom. arsenitis (Clemens').....ʒ j
Aq. dest. ad. .....ʒ ij
One tablespoonful three times a day.

℞ Hydrargyri cum cretæ.....gr xxxij
Pulv. glycyrrhizæ co. (Prussian)..ʒ ij
Mix and divide into 32 powders.
One powder three times a day in milk.

For acne syphilitica.

℞ Ext. ergotæ fl.....ʒ iiss
Aq. dest. ad.....ʒ ij
One drachm three times a day.

For acne punctata.

℞ Calcium sulphide, gr. one-fifth in pill, three times a day. For acne simplex.

Two grains of tar, taken twice a day in pills, are frequently serviceable.

℞ Sulphuris..... ʒ j
Confect. rosæ.....ʒ i ss
Mix.—Divide into 12 boluses.
One to be taken night and morning.

FOR EXTERNAL USE.

℞ Bismuthi oleatis.....
Ung. sulphuris iodidi.....āā ʒ ss
Mix.—Use as an ointment at bedtime.

℞ Potassii iodidi.....
Iodidi.....āā ʒ j
Glycerini.....ʒ ij
Mix.—To be applied night and morning.

℞ Hydrarg. perchloridi.....gr i ss
Mist. amygdalæ .....ʒ iv
Mix.—To be used sparingly, as a lotion.

℞ Sulph. precip.....
Glycerini.....āā ʒ j
Aq. rosæ ad.....O ss
As a lotion, for acne punctata.

Ague.

℞ Ammonii iodidi..... ʒ j.
Liq. arsenicalis.....ʒ ss.
Tinct. calumbæ.....ʒ ss.
Aq. dest.....ʒ iss.
Mix.—One teaspoonful three times a day, when the spleen is enlarged.

℞ Quiniæ sulphat.....ʒ j.
Potass. bromidi.....ʒ iss.
Acid. suph. dil.....ʒ iss.
Aq. dest. et syr. simpl. ad.....ʒ iv.
Mix.—One tablespoonful three times a day.

℞ Quiniæ sulph.....gr. ij.
Ferri sulph. exsic. .....gr. j.
Acidi arseniosi.....gr. 1-20.
Make a pill, to be repeated thrice daily.

℞ "Warburg's tincture".....q. s.

℞ Chloroformi ʒ ss. taken in milk just before expected chill; or gr. 1-100 of nitroglycerine.

Large doses of common salt (ʒ ss.), taken dry, have been found efficacious in some forms of ague, not quartan.

Sulphate of copper (gr. ¼), combined with opium, has been employed with success in quartan ague.

℞ Acidi arseniosi.....gr. j.
Quiniæ sulphat.....gr. xl.
Ext. gentian. co.....gr. xl.
M. Divide into 20 pills.
One three times a day.

℞ Quiniæ salicylatis, gr. ii. in pill or powder, three times a day.

℞ Quiniæ sulphat.....ʒ ss.
Potass. iodidi.....ʒ ss.
Sodæ salicylatis.....ʒ j.
Pulv. tragacanth. co.....ʒ iss.
Aq. chloroformi et aquæ dest. ad.ʒ viij.
Mix. Sig.—Shake the bottle. Two tablespoonfuls three times a day.

Ipecacuanha emetics, taken each morning, assist the action of quinine.

Tincture of iodine (m. x. largely diluted) has been recommended, three times a day.

℞ Salicini.....gr. xl.
Pulv. aromat.....gr. lx.
Mix.—Divide into 12 powders.
One powder three times a day.

Alcoholism.

℞ Liq. arsenicalis.....m xxiv.
Tinct. capsici.....ʒ j
Aq. chloroformi et. aquæ ad... ʒ ij
Mix.—One teaspoonful before each meal.

℞ Liq. strychniæ ....ʒ j
Liq. ferri perchlor.....ʒ j
Tinct. calumbæ.....ʒ vj
Mix.—One teaspoonful three times a day.

℞ Tinct. capsici.....
Tinct. ferri perchlor..... āāʒ ss
Mix.—Twenty drops in a wine glass of water twice a day.

Phosphide of zinc (gr. 1/3), three times daily, makes a useful pill.

℞ Liq. morphiæ acetatis..... ʒ j
Vin. ipecacuanhæ.....m xvj
Syr. limonis.....ʒ ij
Mix.—A tablespoonful before each meal when stomach is irritable.

℞ Sp. ammoniæ aromat.....
Sp. chloroformi āā..... .....ʒ vj
Aq. camph.....ʒ viij
Mix. One-sixth part three times a day.

℞ Potass. bromidi..... ʒ iss
Tinct. digitalis .....ʒ j
Tinct. capsici ....ʒ ss
Aq. camph. ad.....ʒ xij
Mix. One ounce three times a day.

Liq. strychniæ (P. B.) in large doses (m. xx) is often taken with impunity by drunkards to "steady their nerves."

Amenorrhœa.

℞ Potassæ permanangatis, gr. i or gr. ii three times a day in pill.

℞ Tinct acteæ racemosæ.....ʒ j
Tinct. aconiti..... .....m xvj
Aq. dest. ad.....ʒ ij
Mix. One teaspoonful every hour, with hot mustard pediluvia at bedtime.

℞ Ferri sulph. exsic.....gr. xl
Ext. aloes Barb.....gr. xl
Mannæ..... .....gr. xl
Divide into 20 pills. One night and morning.

℞ Ferri sulph. exsic.....gr. ij
Magnes. carb..... ℈ j
Magnes. sulph... .....ʒ iss
Aq. menth. pip. ad.....ʒ iss
Mix. The draught, night and morning.

An ice-bag to the lumbar spine frequently restores the flow.

℞ Liq. arsenicalis. ....m xxiv
Liq. ferri perchloride.....ʒ j
Aq. dest.....ʒ viij
Mix. One sixth part three times a day.

℞ Tinct. ergotæ .....ʒ iss
Syr. croci.....ʒ ij
Decoct. aloes co ....ʒ vj
Mix. Two tablespoonfuls every six hours.

℞ Pulv. sabinæ.....
Pulv. zingiberis āā.....gr. v
Sodæ biboratis..... .....gr. x
Make a powder. One to be taken night and morning.

℞ Ferri sulph. exsic.....gr. xx
Ol. rutæ. .....m vj
Pil. aloes cum myrrhæ.....gr. xl
Divide into 24 pills. Two pills night and morning.

The Current Medical Thought.

Nux Vomica for Prolapse of the Rectum.

Nux Vomica is lauded as a remedy for prolapse of the rectum. It is best administered in repeated small doses, and acts by overcoming the atony and paralized condition of the intestine. An Italian physician claims to have had great success by this employment of nux vomica.

Care in Prescribing Glycerine.

Great caution should be exercised in prescribing or dispensing glycerine with mixtures containing nitrates, permanganates, chromates, chromic and certain organic acids, all oxydiging and combustible substances, and some metals in a minute state of division, (as sulphurated antimony and reduced iron).

To Reduce Hernia.

It is stated in a foreign exchange that strangulated hernia may be reduced, without operation, by the simple application of ether continuously over the seat of the obstruction, with the addition of light pressure. Cases of several days' duration are stated to have thus been spontaneously reduced within a few hours.

THE pain attendant on fissure of the anus is readily controlled and relieved by the local use of cocaine.

EAT, drink and be merry, and to-morrow take a bilious pill.

THE TONGUE IN DISEASE.

A white-coated tongue	indicates	febrile disturbance.
A brown moist tongue	"	disordered digestion or overloaded primæ viæ.
A brown dry tongue	"	depressed vitality as in typhoid conditions and blood poisoning.
A red moist tongue	"	debility, as from exhausting discharges.
A red dry tongue	"	pyrexia, or any inflammatory fever.
A "strawberry" tongue with prominent papillæ	"	scarlet fever or rotheln.
A red glazed tongue	"	debility with want of assimilative power of digestion.
A tremulous flabby tongue	"	delirium tremens.
Hesitancy in protruding the tongue	"	concussion of the brain.
Protrusion at one side	"	paralysis of the muscles of that side.
A bluish glazed tongue with cracks or loss of epithelium	"	tertiary syphilis.
A white patch on the tongue	"	psoriasis linguæ.
Thickened epithelium of the tongue	"	ichthyosis, which frequently leads to epithelioma.
Chronic ulceration of the tongue	"	decayed teeth, tertiary syphilis or epithelioma.

L. L.

Damage of Syphilis.

The tissues of a person who has had syphilis are to be regarded as damaged, and so permanently placed at a disadvantage for the wear and tear of existence. They are liable under slight irritation to take on an inflammatory condition, which is apt to become chronic. Hence the presence of palmar psoriasis from the friction of an umbrella or walking-stick, and psoriasis of the tongue from the irritation of tobacco smoke, or carious teeth. Further, this peculiarity of the tissues damaged by syphilis must obviously predispose to chronic inflammatory affections of the circulatory and nervous system, and so pave the way under suitable conditions for ataxy or impairment of the cerebral circulation.

Brazilian Remedies.

A very bitter amorphous substance named "vieirine" is much employed in the Brazils, in the treatment of intermittent fevers and gastric disturbances of a catarral nature. Vieirine combines with bases, giving definite substances, and is classed among the organic acids. Vieirate of quinine is employed in malarial diseases; vieirate of sodium in anorexia; vieirate of calcium as a reconstituant for ricketty children and in constitutional debility. The natives of Brazil use vieirine decoction made from the bark of a tree belonging to the Brazilian chinchona group, which was long ago described by Saint Hilaire under the name of "chinchonea ferruginea."

Another native Brazilian remedy is obtained from the bark of the white sucupira tree, indigenous to Brazil. It contains much tannic acid, and albuminous and mucilagenous matters, and a volatile bitter principle which disappears when the bark is old or long kept. Sucupira is actively diaphoretic, and is used in rheumatism and gout, and also in secondary syphilis and skin diseases. An alcoholic extract, a tincture, and a syrup are prepared. The extract is given in doses of fifteen grains in the course of the day, in pills. The dose of the tincture is two drachms, and, of the syrup, three tablespoonfuls daily.

Iodoform Internally.

Picric acid is very frequently present in iodoform as an impurity or adulterant, and renders it poisonous. It is detected by shaking the suspected sample with water and treating it with a weak solution of cyanide of potassium. After a while a brown color is developed, due to the formation of isopurpuric acid. Pure iodoform is innocuous, but the impure has its dangers.

Iodoform, taken internally, converts uric acid into urea, thus diminishing the excretion of uric acid. In this way it should be useful in the treatment of gout, and indeed has been found to be so, in doses varying from gr. i to gr. iss, three times daily. By this treatment the uric acid in the blood is lessened.

We have lately applied oil of eucalyptus to chilblains on children's feet with very good results. The pain was in each case quickly relieved, and the chilblains have in a short time disappeared. The oil was simply painted on frequently with a brush. L. L.

Position in the Treatment of Uterine Displacements.

Position in the treatment of such cases will of necessity vary according as the uterus is full or empty. In the non-gravid uterus, the genu-pectoral or genu-brachial position is sometimes alone sufficient to rectify retro-version, if practised night and morning for some time. It is always a useful adjunct to reduction by manipulation, even when the organ is fixed by adhesions. In retroversion of the gravid uterus, the abdominal position is preferable, combined with frequent catheterisation of the bladder.

Life at the Bottom of the Sea.

Intense cold, perfect darkness, and a persistent pressure of two or three tons to the square inch, such are the apparent conditions under which life exists on the floor of the deep seas. And not only does it exist, but the creatures which live and move and have their being at these great depths, three miles below the surface, have been found to possess perfectly developed eyes. Light of some description, therefore, is presumably present, probably of a phosphorescent nature.

Batchelorhood and Mortality.

It has been asserted that "batchelorhood is more destructive to human life than the most unwholesome trades, or than residence in an unwholesome house or district where there has never been the most distant attempt at sanitary improvement of any kind." Whether this statement is overdrawn or not, it is certain that the death rate of batchelors is considerably higher than the death rate of married men and widowers; and statistics point to the truth of one of the first natural laws revealed to man—"it is not good that man should live alone."

"Caisson Disease."

"Caisson disease" is characterized by a train of symptoms produced by working in compressed air, similar to the effects of a descent in a diving bell, as violent throbbing in the ears, with hemorrhage from the nose or even lungs. The more modified symptoms of a prolonged exposure to this pressure are intense neuralgic pains in the extremities or trunk, epigastric pain, nausea and vomiting; paralysis, more or less complete, local or general; headache, vertigo, and coma. Its onset is usually quite sudden. The attack generally supervenes on leaving the "caisson," seldom during the incarceration. Acute congestion of the brain and cord are the most constant post-mortem lesions. Morphia, alcoholic stimulants and ergot, have given the best curative results.

For Inflamed Prostate.

Acute inflammation and enlargement of the prostate is much relieved by the continued application of hot water to the perineum, and its injection into the rectum, giving directions for its retention. The pain often subsides in a very short time, and micturition becomes easier.

For Ring-worm.

Seven grains of chrysophanic acid in an ounce of chloroform, provides a very successful application in the treatment of ring-worm. It should be cautiously applied to the affected parts only, two or three times daily with a sponge.—Alder Smith, in *Brit. Med. Journal.*

For Dyspepsia.

Five to ten minims of glycerine of carbolic acid in a little water, after meals, is an admirable remedy for dyspepsia, and for the impaired digestion of tea-drinkers and tobacco-chewers. Especially is this useful (in smaller doses) in the dyspepsia of children, associated with the presence of worms in the alimentary canal. Glycerine is in itself an anthelmintic of much power.

Salicylate of Lithia.

M. Valpeau (Paris) concludes as the result of his researches that the above salt is preferable to the sodium salt in rheumatism, affecting the fibroid tissue principally, and also in the subacute progressive articular variety. Fifteen to twenty grains three times a day would be an average dose. Some deafness and headache are experienced sometimes, but not the buzzing, singing, and other disagreeable subjective sounds so common during and after employment of salicylate of soda.

THE superficial area of the virgin womb measures sixteen square inches; that of the gravid womb, at term, three hundred and forty.

The Queen of Italy employs a female physician.

Uses of Witch Hazel.

M. Campardon (Paris) recommends hamamelis virginana as a remover of congestion in fever, hemorrhage, extreme arterial tension, varicose veins, etc. He deprecates its use in anæmia and aortic valvular lesions on account of its depressing tendency. He considers the tincture the best form of employment, in five minim doses, according to circumstances.

THE disagreeable local sensations accompanying rhinitis may be materially relieved by gently rubbing a little atropine ointment over the bridge of the nose and frontal sinuses, care being taken to avoid the eyes.

Diagnosis of Lead Poisoning.

As a proof of the assertion that lead is eliminated by the skin, Dr. Dumonlin, at the Belgian Academy of Medicine, lately showed a patient suffering from chronic lead poisoning, whose integument became blackened wherever it was moistened with a solution of either sulphide of sodium or sulphohydrate of ammonia. This seems a more certain means of diagnosis than the blue line on the gums.

A Long Gestation.

Dr. Rossie, of Havana, describes, in the "American Journal of Obstetrics," the accouchement of a white girl, ten months and eighteen days after connection. He states that there appears to be no reason to doubt the veracity of the girls statement, that she had only had the one connection (by rape), and on the date named by her.

Inflammable Breath.

The following case is related by Dr. G. T. Beatson, of Glasgow:

"A rather strange thing happened to a patient of mine about a week ago. For a month or so he was troubled very much with foul eructations. He had no pain, but the smell of the gas which came from his stomach was disagreeable to himself, and to all who happened to be in the room. About a week ago, he got up in the morning, and lighted a match to see the time, and when he put the match near his mouth, to blow it out, his breath caught fire, and gave a loud crack like the report of a pistol It burnt his lips, and they are still a little sore. He got a terrible surprise and so did his wife, for the report awakened her."

From the above occurrence it would appear that the condition known as "halitosis," or diseased breath, is not only a source of misery to the sufferer, and to those compelled to associate with him, but may, under certain circumstances become a condition of danger to the unfortunate possessor of it. In the present instance, the gaseous results of the imperfectly digested food had their atoms of carbon and hydrogen so arranged as to give rise to the presence of carburetted hydrogen, the inflammable and explosive qualities of which came into play when mixed with a due proportion of atmospheric air in presence of the unguarded light of the burning match. I may add that the patient to whom this accident happened is a most intelligent and observant man, and that the diet I prescribed for the indigestion from which he suffers from time to time has alcohol excluded from it, and I know that my instructions in that respect are acted upon.

IN cases of doubtful uræmic symptoms, it is well to obtain a few drops of the patient's blood (by scarification) and examine it for urea. The presence of an excess will readily complete the diagnosis.

Correction.

It seems that our well intentioned notice of the co partnership of Drs. Wallian & Bartlett, in our last number, was premature. We have since received a personal call from Dr. Wallian, who informs us that although for a short time associated with Dr. B. in connection with the furnishing of oxygen apparatus and supplies to physicians, there has never been any co-partnership in the practice of medicine.

We were correct, however, in announcing that Dr. Wallian will hereafter give his whole attention to this special and very promising line of treatment, as will be seen by reference to his "*Further Word*" in this number of the WORLD.

Action of Ergot.

With regard to the action of ergot in producing abortion, a pregnant person or animal, by taking a number of small doses extended over a considerable time, is quite as likely to abort as, and perhaps even more so than, after a single pretty large dose. If the uterus be thrown into a chronic state of contraction, however slight this may be in degree, it is obvious that the blood supply to the placenta will be more or less interfered with. This may be, at the same time, accompanied by trivial localized separations, so small in themselves that when the immediate effect of each dose passes off the placenta itself is not detached, but sufficiently numerous by their continued repetition to inflict serious if not fatal injury upon the fœtus. Short of this, however, it is obvious that the contraction of arterioles, characteristic of the action of ergot upon the animal economy, must necessarily imperil the

vitality of the embryo in any stage of its existence. This is born out by what occurs to the flock of pregnant ewes. Here the animals become ergotised, not by a single large dose, but by continually ingesting small ones, principally from rye-grass, which is constantly ergotised in pastures, but especially upon roadsides. The same is even more strikingly shown in the case of cattle, where the animals are much larger. Often in these cases the fœtus is not expelled at once, but is so injured that it subsequently dies, and is expelled at a later period.

Naphthalin for Ulcers.

According to Dovadtchikoff, naphthalin is an invaluable dressing for ulcers, being inexpensive, highly effectual, and easily used. Granulations rapidly disappear after its application, and cicatrization speedily follows. Its antiseptic properties also serve to remove false membranes and bad odors. Its use causes neither pain nor irritation. (Naphthalin has been employed internally with success in typhoid fever, in gr. xv doses.)

Treatment of Threatened Abortion.

In cases of threatened abortion, with hemorrhage and occasional pains, Dr. Dobie, (Chester, Eng.) recommends full doses of opium, ♏. xxx to ♏. xl liq. opii sedativus, repeated hourly till pain subsides, with rest in supine position and light diet. But when abortion seems inevitable, with prolonged pain and serious hemorrhage, he seeks to obtain the discharge of the entire ovum; if practical by the finger, if not by a full dose of ergot with a little opium, and by injecting the vagina with an india-rubber air bag and force-pump syringe. This invariably excites contraction of the uterus, and restrains the hemorrhage. He also syringes the vagina with antiseptic solutions.

When syphilis attacks the ill nourished, the weakly, or the dirty in habit, its virulence will be mostly expressed in the mucous membranes.

Permanganate of Potash Baths.

This salt is highly recommended in the form of a bath in the treatment of scrofulous exanthema, eczema, prurigo, intertrigo, and as a disinfectant during the desquamative stages of scarlet fever, small-pox and measles. About fifteen grains of permanganate is sufficient for each gallon of water; and the patient should remain immersed until the water assumes a dirty brownish tinge. (The body should be previously cleansed with soap.) This would appear to be an excellent method, during the desquamative stages mentioned above, of lessening the danger of contagion, as well as completing the cure of the patient.

Sulphide of Cacium for Diphtheria.

Dr. Nourouski, of Marseilles, recommends sulphide of cacium in large doses, *thirty to forty-fine grains* in the course of the day, for diphtheria. He says it is well borne and highly successful in his experience. In these large doses sulphuretted hydrogen is evolved from the body in large quantities, but causes no inconvenience.

Mask for Cod-Liver and Castor Oils.

It may not be generally known that beer almost completely masks the taste of cod-liver and castor oils. If a mouthful of beer be taken first, then the oil on top of a little beer, and a mouthful more beer to finish, the taste of either oil is unrecognisable, nor is there any disagreeable after-taste.

A Strange Disease.

According to the medical man who writes in the Chinese Consular reports, near Changehow, "there is a form of hysterical disease or mania among adult males. The patient acquires the impression that his abdomen is inhabited by some animal, often a rat, whose excursions cause violent pain. Unheard-of efforts are made to expel the intruder, and often the savings of a whole family for a life-time are wasted away on bonzes, sorcerers, and other quacks in hope of obtaining relief for the sufferer. It is reported that in many cases death occurs from suffocation in the course of a violent convulsive paroxysm. The patient leads a double life, marked by the use of two voices of different timbres. As a rule his disposition alters in correspondence with the change of voice. Morally and mentally he is a different being in the two states. Whatever occurs during the period betakened by the unnatural voice is totally forgotten during the normal period."

QUININE, when repeated in frequent doses, often causes profuse perspiration after its administration; aud in this way renders good service in pneumonia, in addition to its antiseptic action.

Feminine Cremationists.

There is something horribly suggestive in the fact that twenty-five ladies are enrolled as members of the Missouri Cremation Society. These advocates of the fiery furnace are married women, of course, and their action evinces a determination to give their husbands no rest until they hold their ashes in their hands. The method is cheap and will save a black suit and a grave. The widow can stand the funeral urn on the mantelpiece as a trophy, with the rest of her bric-a-brac, and candidates for her

hand will have the felicity of seeing with their own eyes the happy fate in store for the successor of its handful of ashes.

Peculiar Deafness.

Persons suffering from chronic non-suppurative inflammation of the middle ear, (and also sometimes from the acute and catarrhal forms of the disease) can usually hear quite acutely in the presence of much noise and dim, but are hard of hearing in quiet places. The cause of this phenomenon is probably to be found in some change in the articulations of the tones of the middle ear. The treatment of this condition is mostly unsatisfactory in adults; but better success may be anticipated while the patient is still young.

Long Lives.

"Despite their enormous consumption of the vile liquor called 'vodki,' (a sort of brandy), the Russians are stronger, healthier, and more long-lived than any other European nation. From the sturdy old fellow of a century's standing, down to his great-great-grandchild in the cradle, brandy—or, in other words, vodki—is the drink of all; and so entirely does it seem to be adapted to the constitution of the people that in no country does so little drunkenness appear on the surface, and in none do the inhabitants live to such an enormous age with fewer attendant infirmities. In the whole Russian Empire, there die annually twenty thousand men above eighty years of age—that is to say, a third part of the yearly obituary—nine hundred above one hundred years of age; fifty to fifty-five who are more than one hundred and twenty years old; twenty above one hundred and thirty, and eight above one hundred and thirty-five; while on the average two or three may be annually reckoned on to attain the age of from one hundred and forty to *one hundred and fifty-five*."

The above statement is by M. Kohl, an eminent Russian scientist, and is certainly astounding, but will not receive general credit. Nevertheless, the numbers of proved centenarians who die appear to be on the increase. There have been several such in this country and in England since the death of Sir. Moses Montefiore, and two undoubted instances only two weeks since, in London. That there have been large numbers of people of all ranks and countries who attained this age when they died does not admit of dispute. The reason of this is not far to seek—improved drainage, the progress of medical science, and the higher value attached to the preservation of human life in modern times, have been progressively favorable to centenarianism as the years have rolled by. Hence it is probable that instances of men and women who have attained a hundred years and over will become more common than ever.

Oil of Sandal Wood.

Sandal wood is obtained principally from the forests of Mysore, whence the large and more valuable logs are exported to China and Bombay, being used by wealthy Buddhists in the religious ceremonies connected with cremation. The oil is prepared from the chippings of the heart-wood and the root, large quantities of the oil being distilled in India. But sandal wood is also collected in the Polynesian Islands and Australia, and an oil is also sold under the name of West India sandal wood oil, which is much cheaper than the true oil, and bears some resemblance in odor to that of red cedar wood (*Juniperus virginiana*.) There should be no difficulty in obtaining East India sandal wood of good quality, since as much as 12,000 lbs. of it are annually exported from the Malabar coast to Bombay. The varying results that have been obtained from the use of sandal wood oil may perhaps be explained by the use of the different varieties of sandal wood oil that are met with in commerce. It should be entirely soluble in alcohol, and neutral, or slightly acid only, in reaction.

Appearance of Semen During Death by Hanging.

Dr. F. M. Hamlin, of Auburn, N. Y., says that semen is frequently emitted during death by hanging; and that when there is no external appearance of semen, pressure upon the urethra will cause its appearance. He thinks that it is possible that this may occur in cases of sudden or violent death from other causes, but further observation is required to establish the fact. Is not this singular occurrence, in cases of hanging, caused by the disturbance of the cerebellum or medulla oblongata by the rope?

Vaccination for Amusement.

It is said that in Maine they have "vaccination bees." A young lady gives a party, and has a surgeon present who vaccinates all at the expense of the hostess. The object is "the fun of the thing," as well as protection from smallpox. If this amusement had been imported into Canada some months ago, many lives and much suffering and expense would have been saved.

SHOULD any subscriber ever receive, by mistake, two WORLDS for the same month, kindly give or send one to a medical friend or return to us (one-cent postage stamp sufficient.)

A Convenient Antiseptic.

The *Medical Bulletin*, in an article on antiseptics, reminds us that "Chloride of sodium—common salt—is after all one of the cheapest, most effectual and most harmless. It can be used in a solution of any desired strength, and in the same manner as other germicidal agents are employed, whether as a topical application to an exposed wound, or as an injection into a deep abscess, or into the uterine cavity. In every case suppuration will be restrained, foul surfaces induced to take on healthy action, and the healing process materially hastened."

This is undoubtedly true. The preservative and antiseptic properties of salt have long been recognized and made use of in a variety of ways. Plates of salt have been placed on coffins and dead bodies from time immemorial, probably from some ill-understood idea of its sanitary virtues. The addition of a little vinegar to a dish of salt causes the disengagement of chlorine, which is a potent antiseptic and disinfectant. During the prevalence of epidemic diseases, or where the drinking water is liable to contamination with organic matters from any cause, it may be well to increase the amount of salt taken with the daily food, as the gastric juices would disengage a certain amount of free chlorine in the stomach. There is some reason to suppose that antiseptics administered internally may act as prophylactics or remedies against infection. An English experimenter has lately injected corrosive sublimate hypodermically into a rabbit, and afterwards inoculated it with the virus of anthrax with no deleterious effect, though the same virus killed another rabbit in forty-eight hours. The animal moreover was found to be proof against subsequent inoculations. Corrossive sublimate is retained in the body for some days after its administration has ceased, and therefore was a suitable agent for the purpose of experiment. L. L.

Progress in Gynæcology.

Twenty years ago, the French school of gynæcology was charged with an improper and indecent frequency in the use of the speculum. On the other hand the English school was equally charged with an improper use of the uterine sound. Yet it is perfectly impossible for any *novice* in the diseases of women to obtain an accurate notion as to the condition of the vaginal mucous membrane of the os and cervix, and to some extent, the interior of the uterine canal, without the constant use of the speculum, or to form any notion as to the position of the fundus, or the relation of the uterus with a pelvic tumor without the employment of the sound. But an experienced and skilled practitioner of gynæcology should require those aids but seldom.

A careful examination by the eye, of the contour of an abdomen, when the patient is lying supine, with muscles relaxed, will reveal much to an experienced physician A completely uniformly distended abdomen may mean peritonitis, intestinal obstruction, ascitic effusion, a parovarian tumor, an ovarion tumor, a myoma uteri or pregnancy. Peritonitis may be eliminated by the presence or absence of short, rapid pectoral breathing, showing disinclination to disturb the diaphragm. Ascitic effusion is revealed by the absence of pectoral breathing, by the flattening of the distension by its tendency to a pyriform shape, by thickening of the walls, and the presence of white lines in the skin of the flank, and by prominence of the crest of the ilium, when the skin is placed on the stretch. If these subsidiary features are absent, and the distension is uniform and complete, there may be parovarian cyst or hydramnois. The latter always occurs with twin pregnancies. In pregnancy, and in myoma, the distension is greatest either at the middle or upper part of the tumor, thus differing from ascites. Ascites, too, is readily detected by gentle palpation and measurements. Myoma is known by its firm sense of resistance, its fluctuation, and its lesser diameter at the base than elsewhere. Pregnancy can always be detected by palpation, and by leaving the hand lightly on the abdomen for a whlle, when a rythmical contraction of the uterus will be noticed.—[Abridged from Lawson Tait's lecture on Diagnosis.]

The Dust of Cities.

The dust of cities abounds in animal life, and the molecular activity of these organisms varies according to the height at which the dust is collected. Unfortunately, five feet is the height at which they are most active, about on a level with an ordinary foot-passenger's mouth. Thus these moving organisms are always in waiting to be devoured before our very faces. There is also plenty of vegetable matter disporting itself in the dust; and, in those thoroughfares where there is much horse and other animal traffic, this vegetable matter consists largely of what has already passed through the digestive tract of animals, or has suffered decomposition in some way or other. In this manner many diseases doubtless propagate themselves, and the history of plagues and pestilences in cities seems divested of some of its mysteries.

So far, inhalation of dust seems to be limited in its progress, as it has not been found in other organs than the bronchial glands and lungs. Sand and coal dust, inhaled by stone-

masons and miners, are never found beyond the lungs. But recent experiments have determined the existence of veins in connection with the bronchial glands; and when such a gland becomes irritated by the presence of foreign particles, it seems feasible that these particles may be carried on through the thoracic duct and thus distributed to other remoter organs.

Grey Powder in Syphilis.

In our article on the uses of grey powder in last October's issue, we recommended grain doses of the powder to be used three or four times a day, in the treatment of syphilis, stating that this treatment could be persevered with for a long period without ill effects.

We are pleased to find that this treatment is endorsed by Mr. Jonathan Hutchinson, of London, and quote the following paragraph from his recent lecture delivered at a meeting of the Medical Society of London.

"In former times, when mercury was given in large doses and allowed to produce violent effects, and when of necessity its administration was frequently interrupted, the development of constitutional symptoms in some form or other was so constant that much hesitation was felt by all as to the use of such a word as 'antidote.' Of late years we have got into the habit of using only small doses, and giving them over very long periods, carefully taking every precaution against the necessity for interrupting them. I will ask permission to state briefly my own rules of practice, and the impressions which I have formed as to results. As those impressions have been formed for many years chiefly in private practice, and amongst patients concerning whom I have often had opportunities for obtaining information over long periods, I am in a position to speak with much more confidence as to results than would otherwise have been the case. The remedy which I have used almost exclusively has been the grey powder, and the dose usually not more than a single grain. This dose I have given from three to six times in the course of twenty-four hours, according to circumstances, and seldom for a shorter course than six months in the first instance. If this dose be given to a patient with an indurated sore, but in whom, as yet, no secondary symptoms have appeared, the result will usually be that none will occur. If the rash have already made its appearance before the treatment is commenced, as a rule it quickly fades; and so long as the patient continues the remedy he remains free. The exceptions to completeness of freedom concern chiefly the mouth and throat."

We have used grey powder in this way for many years, and have invariably obtained more satisfactory results than by any other method.

L. L.

Infantile Menstruation.

The *Semaine Médicale* publishes the history of a case, observed by Dr. Mengus, of a little girl of 23 months who menstruated regularly. The child was well formed and fully developed for her age. The menstrual flux proceeded from the genital organs, there was neither lesion, neoplasm, nor a foreign body to explain this. The hymeneal membrane was absent; examination could extend to the cervix uteri, which was excessively developed for a child of that age. After three days the catamenial flow stopped and reappeared six weeks later on. The child presented signs of puberty, which increased after the second menstruation; the breasts were as developed as in the mobile period; the pelvis presented the signs of commencing puberty, and skin lost satin-like surface peculiar to children, and presented the rougher one characteristic of puberty in young girls; loss of blood weakened the child at first, but a few tonics restored her normal condition; she continued to menstruate regularly and have perfect health; she is now three years and a half old, precocious and intelligent, and measures 1.15 mètres in height, the stature of a child of seven. Her brother presents all the symptoms of cretinism.

In Typhoid Fever.

In typhoid fever, when the blood circulates *sluggishly*, and tends to accumulate in the veins, right side of the heart, and pulmonary vessels, digitalis, belladonna, and nux vomica are indicated, as special stimulants of the spinal cord and cardiac ganglia, and liquor ammonia, as a prophylactic against impending thrombosis. Leeches to the chest are also of service, relieving blood-pressure. But when the blood-stream is *too rapid*, the arteries and capillaries being overfull and threatening hæmorrhage (as sometimes happens), then aconite, in small repeated doses, is indicated, to slow the activity and reduce excessive action. In later stages of the disease, sudden oscillations of temperature may be controlled by quinine and by hydrobromic acid, four or five grains to half a drachm or a drachm, given night and morning.

Malarial and Typhoid Fevers Compared.

Malarial fever is to new countries with widespread populations, what typhoid to is to older countries with denser populations; both are more or less characterized by infiltrated mesenteric glands, ulceration of Peyer's patches and enlarged spleen; their morbid anatomy is similar, though their symptoms and course are different.

An Indianapolis physician has on his sign: "Incurable diseases a specialty."

Protection against Malaria.

The experiment of preventing malaria by plantations of eucalyptus trees at Tre Fontaine, near Rome, has failed. While the eucalyptus trees thrive the malaria continues. Fevers prevailed there in 1880, and even during the season of 1882, which was exceedingly healthy at Rome, and under circumstances which made the epidemic more largely local. A government commission has been appointed to examine into the matter. Dr. Tommasi Crudelli recommends arsenious acid and the alkaline arseniates as the most efficacious protective agent against malaria.

Surroundings During Gestation.

"For my part, I consider a woman's surroundings during the period of gestation by no means a matter of indifference, and no careful or loving husband would so regard it. Is it of no import to a refined, sensitive and emotional creature whether she be encompassed by all that is pure, and chaste, and lovely at this important crisis, or whether she be surrounded by objects gross, vulgar and repulsive? Doubtless to a dull, unappreciative and uncultivated mind, it matters little whether she gaze upon an Apollo or a pump, but not so with the more refined and gentle of her sex."—E. GARRAWAY, in *Brit. Med. Journal.*

Some Forebodings of Incipient Insanity.

1. Irritability and tendency to take offence.
2. Moroseness and silence, or sometimes fault-finding with servants.
3. Suspicion and jealousy of best friends.
4. Impairment of memory, forgetting hours of meals.
5. Inattention to exercise and state of bowels.
6. Neglect of personal appearance.
7. Altered facial expression, notably in melancholia, with marked furrows.
8. Prominence and brilliancy of corneæ, in hysterical and puerperal mania.

BODILY SYMPTOMS.

1. Harsh, dry skin, as a rule, though sometimes perspiring.
2. Sometimes a peculiar odor.
3. Coated tongue, with offensive breath.
4. Constipation and feeble circulation.
5. Headache and pallor of face.
6. Sexual appetite, either in abeyance or abnormally strong.
7. Frequent suppression of menses in females.
8. Subjective deafness, or abnormal auditory sensations.
9. Altered conversational style, and talking to one's-self.
10. Delusions and illusions later on.

[Abridged from a paper by Dr. Sutherland, lecturer on insanity, Westminster Hospital, London.]

To Prevent Burning of Clothes.

Mr. John Marshall, F. R. S., of London, says in a lay newspaper: "The best course to pursue, in case of accidental ignition of a person's clothing, male or female, is only first to throw himself or herself flat on the ground, so that the flames, which always ascend, should not be capable of attacking the head and uppermost vital parts of the trunk. Simple as this is, it is always practicable, and would go far to save the parts by which the most serious injuries are usually sustained."

This is excellent advice, but parents would still further lessen the chances of fatal accidents by insisting on their daughters ball costumes being made of substances that have been rendered fireproof. It can be done cheaply, easily and without injury to the material. A starch was exhibited some years ago at the London exhibition, (1872) which possessed the property of rendering cambrics, muslins and all other inflammable dress materials absolutely uninflammable and, indeed, well-nigh incombustible. By means of some such application to dresses, many homes to-day would not be mourning the loss of their fairest children.

Perhaps the best method for fortifying a garment against fire is to steep it in a solution of tungstate of sodium. After drying it will be quite indifferent to flames.

Calomel as a Diuretic.

The action of calomel in causing diuresis in morbid conditions with dropsy is not generally recognized. In health, indeed, it may be said that the drug has no such action. Dr. Jendrássic has found in cases of cardiac dropsy, that calomel in appropriate doses causes well-marked diuresis, "sort of diabetes insipidus," by which the results of want of cardiac compensation, dropsy and œdema, are dissipated. The effect comes on within twenty-four hours; one and a half of the drug being given three to five times a day. No diarrhœa is usually produced; but, in come cases, it had to be prevented by the administration of laudanum. Salivation and stomatitis were obviated by the prescription of a chlorate of potash gargle from the first. The result in all cases in which the treatment was adopted, was beneficial; no unfavorable depressing symptoms being noticed.—*British Medical Journal.*

In our experience small repeated doses of calomel act almost invariably as a diuretic in the healthy. We have many times prescribed the tenth of a grain to be taken four or six times a day, with the constant result of greatly increased micturition, both in quantity and in frequency.

Proper Diet for Children

Children under two years of age are generally best fed on milk and milk foods, and the less this is departed from, as a rule, the better. Under this age, they should never be taken to the table, for it only gives the child a fancy for articles of diet, which, if it never saw, it would never want. In the great majority of cases, children have not much desire for animal food of any sort until after the first dentition is over, unless the craving is fostered in them by their being given one thing and another to eat, and thus there is created what is almost an unnatural appetite. This, of course, is not intended to be an absolute rule, for many children want and seem to need, after the first year, a meal once or twice a day of something beside bread and milk. But no mother should feel uneasy if her child takes almost nothing but milk and bread and butter until after it is two years of age, if it only takes plenty of them, and continues well, and develops naturally. Children will often live thus until they are two years old or a little more, and then gradually begin to want and eat other things. No child ever yet grew up eating only milk and bread; so if parents and physicians will have patience and wait, the child will surely begin and eat like other people.—[From Dr. Arthur V. Meigs, "On Milk Analysis and Infant Feeding."]

Prof. Da Costa's Treatment of Diphtheria.

The treatment is both general and local. In the former *alimentation* and *stimulation* are of the greatest importance given, as in typhoid, every two or three hours, day and night. Alcohol is given to the point of tolerance. Begin with ℥ ss to ℥ j of brandy every hour; increase till heart and pulse are improved. The amount a patient suffering with diphtheria can take is incredible; a child, æt. 2 years, has been given a tablespoonful of brandy every hour, and ℥ j is quite common. There is present a condition comparable to that found in snake poisoning. Begin the stimulus early.

As to *medicines*, one of the earliest and best treatments is by potassium chlorate, ℥ j to ℥ iss per diem, in divided doses, well diluted. Next to this, either alone or combined with it, is tinctura ferri chloridi, gtt. x every hour or two, for a child, æt. 10 years.

The rising treatment now is with calomel. It consists in giving large doses frequently, not minding the free movements from the bowels. Give one grain every hour till twelve doses have been taken, then the same amount every second hour. This has been often tried in the *laryngeal* form, in larger doses, and is of especial utility in this variety of the disease.

Corrosive sublimate, gr. $\frac{1}{50}$ to $\frac{1}{12}$ every hour, is a similar, but hardly as effective, treatment.

Jaborandi is a very new remedy in this trouble. The idea is that when the patient sweats well the membrane will loosen. As it is very depressing, it is not safe unless the patient is quite strong.

Locally, strong caustics have been abandoned. Cleansing, disinfecting gargles are the modern treatment. Carbolic acid, with borax and soda, may be used. Thymol holds a high place, never weaker than ten grains to the ounce.

℞ Thymol,.....℥ j
Glycerini,.....f℥ iij
Aquæ,.....f℥ iss.

Mix. SIG.—Gargle. Dilute, if necessary.

Permanganate of potassium, a favorite with the English, equal parts of lime water and glycerine, or two parts of the former to one of the latter, are very useful and grateful. When the patient is old enough, these are best used in the form of spray. Equal parts of Monsel's solution and glycerine may be used when the redness and swelling are very great. Do not scrape the membrane.—*Col. and Clin. Rec.*

THE Philadelphia Ledger thinks that the regulation of the diet is the principal field for advance in the medical profession in the near future. It is evident, even to the surface observer, that foods, habits and other incidents of life, being daily and continuous, must have much more influence on constitutional tendencies than medicine and treatment, which is occasional or varied. Perhaps the clews to the two opprobia of the profession—consumption and cancer—are to be conquered after all by means of food.—*Peoria Med. Mo.*

An Important Sanitary Step.

A YOUNG woman in Paris, having a medical education, has been appointed a medical inspector of girls in the Parisian schools. Her duties are to see that the girls are not overworked and that they perform their tasks under the best sanitary conditions possible. This is a good step forward in practical school sanitation. Since, in most localities, attendance upon school is enforced for certain periods, it seems to follow as a logical conclusion, that the state should, at least, turn out the children in as healthy a condition as they are received. That this cannot be done in the ordinary American school, under the conditions generally prevalent, will be readily conceded by nearly every one at all conversant with school life. It has been often argued that each board of education should have a medical officer, and it is a good sign to be able to record the appointment of one with specified duties.—*Sanitary News.*

Dietetics in Disease.

The advocacy of Dietetics in the Treatment of Disease is the absorbing topic with the writer at the present time. To him indeed, it is the great therapeutic matter of the day, and he feels in duty bound to lend it what aid he can. Of the necessity of some systematic teaching of dietetics in a course of medical education no one can entertain a doubt. It is surely as desirable that a medical man be taught how to feed a patient acutely ill as how to prescribe for him. If it be a pyrexia, surely it is as desirable to maintain the strength, and call as little as possible upon the body-reserves, as it is to keep down the body-temperature by antipyretics. To prevent exhaustion both matters must receive attention. Every sick person is more or less a dyspeptic, and dyspepsia requires appropriate and suitable food. Many dyspeptics can alone perform their daily toil by a watchful attention to their food and food-requirements. The writer believes his labors have not been without influence in advancing our acquaintance with the means of increasing the energy of the cardiac contractions,—that our knowledge of the means of stimulating the respiratory centres owes something to his observations and experiments. He hopes to do something towards a more intimate familiarity with the kinds of food required by different morbid conditions, and to demonstrate that is within our power to improve the action of the liver when impaired, by reducing the demands upon it to the minimum of the body-needs, while raising its tone by certain remedial agents.—Dr. J. Milner Fothergill, in Phila. *Med. Times*.

Glycosuria and Diabetes Mellitus.

It is necessary to distinguish glycosuria from diabetes mellitus, the former being that condition in which sugar obtains in the urine, and it may be in other excretions, and also in secretions, and in the blood itself, there being no excess of urine, the latter (diabetes mellitus) being glycosuria *plus* a greatly increased urinary flow. In both there is the production of glucose or grape sugar, and its elimination or excretion from the blood. Often the glycosuria is, so to speak, the first stage of the other, the very presence of the glucose in the blood creating irritation in the kidneys, and thereby an incessant action of their secretory function that in turn provokes the bladder to frequent ejection of its contents, the vesical irritation again reacting on the kidneys, and aggravating them to still greater excretory efforts. The frequency of micturition often begins at night, and, unless the disease be checked, becomes at length so frequent by day that the patient is harassed with incessant micturition, the amount of water passed being in excess of that imbibed. As much as fifty or more pints may for weeks and months be voided. In this way glycosuria will pass on to true diabetes mellitus. The complement passed over and above the amount drank is by some explained as being supplied by the absorption of water from the atmosphere, or the chemical combination in the body of hydrogen and oxygen; but it is doubtful if there be any excess of output over intake, if both be carefully measured. This, however, is certain, that cutting off the intake or reducing it to any considerable extent is attended with the gravest results, and may occasion death through excessive exhaustion.

Cocaine Tests.

1. Cocaine should be white, entirely soluble in alcohol, ether, and the hydrocarbons. 2. It should be entirely soluble in twenty times its weight in water, acidulated with chloro-hydric acid at ten, and the solution of the chloro-hydrate instilled into the eye should produce at the end of forty seconds complete anæsthesia. This experiment does not give rise to any pathological disturbance and may be tried upon anyone. It is without doubt the most convincing proof of the good quality of the product. —*Prov. Med. Journal.*

Comforts for Medical Men.

It is quite possible that medical men, who above any other professional class are subject to exposures and all the discomforts and dangers attending, do not provide as much as they might for their own comfort and safety. Medical fashions and habits control the physician to such a degree that he is liable to slip into the routine of his fathers, without thinking whether it might not be possible to effect improvements and alleviations in his lot.

For example, it is, we believe, quite unheard of for the rural physician even to travel in anything but an open buggy or the regulation doctor's gig. This latter affords some protection from storm and wind, but not a very great deal, and the main reason for its universal use is that it is light, and can be propelled at less expense to the horse. In England, broughams and hansoms are very much employed, even outside the cities. These of course require a driver, but there are many physicians for whom it would be an economy to avoid the risks and hardship of winter exposure by hiring an extra servant. —*Medical Record.*

"Three faces wears the doctor; when first sought,
An Angel's; and a God's, the cure half wrought;
But when that cure complete, he seeks his fee,
The Devil looks less terrible than he."

Hutchinson's Views on Syphilis.

Mr. Jonathan Hutchinson, in his late lecture on syphilis, sums up as follows:

Many of the phenomena of syphilis usually counted as tertiary really occur, as a rule, in its early periods, and there is no structure in the body that may not be attacked in the secondary stage. As instances of this fact, I have mentioned rupia, periostitis, and diseases of the viscera and of the nervous system. If my argument holds good, we must regard the terms secondary and tertiary as applicable to different periods of time, and not to different phenomena. At the same time, it has been fully admitted that syphilistic processes do display different tendencies in relation to the stage in which they occur. The position assigned to to the tertiary symptoms has been that of late relapses of morbid processes, in tissues previously damaged. In this way it has been suggested that syphilis may occupy an important part in predisposing to such maladies as locomotor ataxy, without actually causing them. Lastly, the relation of mercury to the natural evolution of syphilis has been discussed, and I have tried to claim for it the position of an antidote to the virus, asserting that not only can it cause symptoms to disappear, but, if used early enough, will entirely prevent them.

Uses of Ichthyol.

A thirty per cent. solution of ichthyol, applied locally, relieves the intolerable itching of senile prurigo; and a ten per cent. solution is equally efficacious in pruritus. Ichthyol is useful in gastric catarrh, administered internally, in tablespoonful doses of a one per cent. solution.

Injections into the Lungs for Consumption.

M. Gougenheim, of Paris, has been treating pulmonary tuberculosis by making intraparenchymatous injection of mercury bichloride. On the left side below the clavicle, through the first intercostle space, the injection passes easily and safely into the lung. On the right side, through the two first intercostal spaces, in order to avoid all accidents, it is necessary to make the injection at a distance from the sternum and the neighbouring rib, in order not to injure the intercostal and mammary vessels and nerves; neither should it be made too near the clavical, or the subclavain vein may be injured; the subcutaneous veins should be avoided. The injection should be given slowly, in order to avoid coughing and hæmoptysis, which sometimes result from a sudden irruption of fluid into the pulmonary tissues. Dr. Gougenheim believes that these precautions prevent the occurrence of accidents. At the necropsies of patients who had been thus treated, Dr. Gougenheim had never observed any muscular, pleural, or pulmonary lesions which could be attributed to these injections. The Pravaz's syringe used was cleaned antiseptically. This treatment was adopted with thirty-three patients, most of whom were in an advanced stage of phthisis. In twenty-one instances, improvement was quick and undeniable. Ten patients out of thirty died; among these, seven pre sented local modifications of lesions which were easily detected at the necropcies. The solutions injected were sometimes $\frac{1}{2000}$, sometimes $\frac{1}{1000}$ sometimes $\frac{1}{500}$. The injection-fluid was always previously heated to normal temperature, 37° Cent. (98.6° Fahr).—*Brit. Med. Journal.*

Scarlatina.

The following is a good formula in scarlatina, when there is suppression of urine, high fever and delirium: Wine of colchicum, 3 drachms; sweet spirits nitre, 2 drachms; acetate of potass, 2 drachms; water enough to make 4 ounces. Dose.—One teaspoonful every four hours.

Scarlatinal Dropsy.—Tinct. digitalis, 1 minim; tinct. hyoscyamus, 5 minims; syrup, ½ drachm; camphor water, 4 drachms. May be given every six hours to a child five years old.

Scarlatinal Dropsy has been cured by the hot bath, subsequent hot packs by means of blankets, so as to produce copious perspiration.

G. Smith, medical officer at Axbridge, Eng., speaks favorably of the treatment adopted by him in the disquamative stage of scarlet fever, occurring among the inmates of the workhouse, viz: Sponging the body twice daily with oatmeal scalded (not boiled), in the proportion of one ounce of oatmeal by weight to one pint of boiling water, the resulting mixture being used tepid. By this means the risk of spreading the disease is diminished, the skin is protected from the action of the air, and the risk of dropsy is lessened.

Dr. J. T. Jamison reports two cases of scarlatinal albuminuria successfully treated with gallic acid, a teaspoonful of a saturated solution being given every two hours to a child twelve years old.

Prophylaxis of Scarlet Fever: Dr. John C. Peters, of New York, regards the much vaunted belladonna as a prophylactic in this disease as unreliable and dangerous. For this purpose he relies entirely on the sweet spirits of nitre. It is a mild and safe remedy. Comparative experiments prove that it is more reliable than belladonna and far less dangerous.

Dr. G. H. Herman extols the virtues of hyposulphite of soda as a remedy for the prevention and modification of scarlet fever. His rule is

to put the affected child, as well as the whole family of children exposed to the disease, on hyposulphite of soda. He administers the drug in solution in syrup and water, the dose equalling about three-forths of a grain to each year of the child's age, four times a day to the well ones, and every three or four hours to the sick ones, for the first few days, when its frequency is diminished. In all cases a solution of chlorate of potash is used as a gargle, and where the throat takes on diphtheritic patches, carbolic acid and muriated tincture of iron are added.

A correspondent of the Peoria *Med. Monthly* says: During the late epidemic of scarlet fever in this city, I used quinine to prevent its spread in a family after one member of that family had contracted the disease, and in no instance has it attacked any other member of the family unless the attack came on in a day or two after commencing the quinine. I gave two or three grains three times a day, according to the age of the child; then, after four or five days, the dose may be lessened; but the use of the quinine must be kept up for three weeks, or until the sick members of the family are fully recovered. I have practiced this in a number of cases with complete success.

H. Goldsmith has prevented the spread of scarlatina in a house by annointing his patient with lard, and then dusting on salicylic acid. —L. H. WASHINGTON, M. D., in St. Louis *Med. Jour.*

A New Local Anæsthetic.

At a recent meeting of the Medical Society of Berlin, DR. LEWIN presented a most interesting series of observations upon the physiological effects of resinous extract obtained from the root *piper Methysticum*, which is soluble in alcohol, possesses a somewhat aromatic taste, and leaves upon the tongue a sensation of pricking and burning, soon lost in the supervening local insensibility. When the extract, even in very small amount, is instilled into the eye of an animal, a slight local irritation is evidenced by repeated blinking, which soon yields to a marked enduring, and complete insensibility of the conjunctiva and cornea. In guinea-pigs Lewin has seen this insensibility continue for more than an hour, normal sensation gradually returning. The iris retains without its reflex responsiveness to optic stimuli. No anatomical lesions of the cornea or conjunctiva were observed as the result of its application.

When the solution of the extract is injected hypodermically, the tissues with which it comes in contact completely cease to respond to he application of thermic, electric, and chemical stimuli—a transitory condition which is followed by no symptoms of inflammation.

In regard to the constitutional effects produced by the drug, upon man, much the same claims are put forward as in the case of coca. When used in moderate amounts, a feeling of comfort, contentment, and rest, with complete retention of consciousness and reason, is said to result. With large doses there is a sensation of dreamy happiness, with an intense desire for sleep; while in excess the infusion causes nausea, headache, paresis of the extremities, nervous trembling, and somnolence. The general effect upon birds, rabbits, and cats is analogous to that produced in man.

It is evident that the drug is of considerable importance, and, if further experience shows that its effects in man the prolonged local anæsthesia that it induces in animals, it will be of great utility in very many operations in minor surgery.—*Medical News.*

Special action of Strychnia on the Uterus.

Added to ergot, in cases of parturition, strychnine greatly increases the efficacy of that drug, being specially useful when *post partum* hemorrhage is anticipated. It appears to have the power of increasing the tonic contraction of the uterine fibres, and of preventing their undue relaxation when the pain has subsided. It is specially valuable, administered in combination with ergot, in cases of menorrhagia depending on imperfect involution of the uterus. Its use is contra-indicated in all cases where any inflammatory condition of the uterus or ovaries exists. Strychnine is also useful in many forms of amenorrhœa, where it seems desirable to stimulate the uterus and ovaries; and in such cases it is often prescribed with advantage, in combination with iron. It should be administered cautiously, commencing with three or four drops of the liquor strychnine, P. B., the dose to be gradually increased to eight or even ten three times a day.—DR. L. ATTHILL, Dublin.

Ozoniferous Essences as Antiseptics.

Listerine possesses essential properties analogous in their effects to the ozoniferous ethers so highly recommended by Dr. Benjamin Ward Richardson and other deodorizers and disinfectants for the sick-room, and should be used in the same way—sprinkled over handkerchiefs, garments, and bed-linen of fever cases. Mantegazza, "On the Action of Essences and Flowers in the Production of Atmospheric Ozone, and on their Hygienic Utility" (*Rendiconti del Reale Instituto Lombardo*, vol. iii., fasc. vi.), as quoted by Fox on Ozone, reports that the disciples of Empedocles were not in error when they planted aromatic and balsamic herbs as preventatives of pestilence. He

contends that a large quantity of ozone is discharged by odoriferous flowers, and that flowers destitute of perfume do not produce it. Cherry-laurel, clove, lavender, mint, lemon, fennel, etc., are plants which develop ozone largely on exposure to the sun's rays. Among flowers, narcissus, heliotrope, hyacinth, and mignonette are conspicuous; and of perfumes similarly exposed, eau-de-cologne, oil of bergamot, extract of millefleurs, essence of lavender, and some aromatic tinctures. He also points out that the oxidation of the essential oils, such as nutmeg, anise-seed, thyme, peppermint, etc., are convenient sources of ozone, and concludes that the ozoniferous properties of the flowers reside in their essences, the most ozoniferous yielding the largest amount of ozone. It is of such aromatic essences that Listerine is composed, and hence its efficacy under the circumstances indicated.—*The Sanitarian*, Nov. 1885.

Ponder This.

Do not think that because you are not connected with some great hospital or medical college, or do not have a large practice in some flourishing city, that your observations will be worth nothing to the profession.

The most successful physician of this country were once obscure country doctors, and it was while they were such that they developed those sturdy qualities of independence, self reliance and fertility of resources that have made them famous. J. Marion Sims, while yet an obscure physician in a country town, invented his famous speculum, and perfected his operation for vesico-vaginal fistula, which brought him both fame and fortune.—*Indiana Medical Journal.*

Of tumours old, of tumours new,
Of tumours many, tumours few,
Or in the pons, or in the crura,
Or in the pia, or the dura,
Or in the left, or in the right,
Or in the cleft, Rolando's hight,
Or in the nucleus caudatus,
Or in the gyrus fornicatus;
Of tumours some would call glioma,
While others, dubious, hint sarcoma,
Or, still more learnedly, psammoma;
Of tumours where the patients show
No symptoms while those tumours grow;
Of others where they're almost crazy,
And one or both their discs are hazy;
Of tumours smooth, of tumours rough,
Of tumours soft, of tumours tough,
I rather think we've had enough.—

Brit. Med. Journal.

In the *Pacific Medical Journal* the case is reported of a youth who swallowed an open penknife measuring three and a-half inches. A common and unwise treatment in such cases is to give castor oil, but Dr. Hutchings, who had charge of the case, administered hearty meals of mush and buckwheat cakes, which impacted the instrument, and it was recovered without having caused the least injury.

Pneumonia Treated with Large Doses of Digitalis.—Petrescu, of Bucharest, reports remarkable success in the treatment of acute pneumonia with large doses of digitalis, given in the form of recent infusion. His conclusions, based upon the observation of three hundred and fifty cases, are as follows:

1. Digitalis causes antiphlogistic and diuretic effects only when given in appropriate doses.

2. This dose is from one to one and a half drams, given during the twenty-four hours, and continued for several days. He has given as much as five drams inside of three days.

3. The treatment of pneumonia by digitalis is the only method at present of reducing the mortality of the disease to a minimum.—

It is claimed that the popular drink of the future will be milk charged with carbonic acid. It is said that milk thus carbonated will keep an indefinite length of time. If this be true, certainly such a drink should meet with general favor.

Pleasurable coition of the woman produces an action of the uterus and fallopian tubes towards the ovary; but excessive intercourse, becoming disagreeable, reverses the action and produces an expulsive effect.

Resorcin for Gonorrhœa.

In the *Monatsschrift fuer Practische Dermatologie*, the results of abortive treatment, by means of resorcin, in 180 cases are given. A. J. Munnich, the reporter, says that he employs in fresh cases a three per cent solution of resorcin, and orders injections of such a solution to be made every two hours during the day and at least twice at night, a syringeful each time. The patients are directed to drink freely of milk and water, and urine is to be voided, if possible, before each injection. After four or five days the discharge is usually much diminished, and then three or four injections by day and one by night suffice. Munnich claims sixty-seven complete successes of the whole number so treated. The average duration of the treatment was two weeks. The rescorcin should be chemically pure and the solution kept in a dark vial.

Plenty of Room for us all.

Not many people realize how little space would be needed to accommodate the whole human race, assembled in one space. Suppose we were to fancy every human being forming one of a vast congregation, seated in fourteen hundred million easy chairs, each occupying a square yard of ground space.

As there are nearly three million one hundred thousand square yards in a square mile, that number represents the size of the congregation that could be seated upon it under the conditions named; and the whole human family could be gathered on a tract of four hundred and fifty-two square miles—or twenty-one and a quarter miles each way.—*Albany Sunday Press.*

A NEW CAUSTIC.—Dr. Arthur Mathewson reports a case of cure of epithelioma of the eyelid by the local application of benzole and calomel. The advantages claimed for this method of treatment over that by the use of most other caustics are that the pain is slight and brief, and that while these agents seem to exert a solvent action on the imperfectly organized morbid tissues, the adjacent sound tissues are able to resist the action and protect themselves against any tendency to dangerous sloughing.—*Amer. Prac. and News.*

Take, take, blue pill and colocynth;
Hey, sir! your liver is much out of order.
Take, take, rhubarb and aqua menth;
Close on acute inflammation you border.
Symptoms about your head,
Make me congestion dread,
When I take them with the rest in conjunction;
Leave off wine, beer and grog;
Arrowroot all your prog,
Let organs rest to recover their function.

Syphilitic Deafness.

Want of hearing from syphilitic disease requires careful diagnosis. When it is due to secondary syphilis, it arises from disease of the eustachian tube; when due to tertiary syphilis, the temporal bone is most likely the seat of the mischief.

To Deodorize Iodoform.

According to Leo Ebiel, of South Bend, Ind., iodoform may be deodorized by mixing one part of thymol to five parts of iodoform. He says it works admirably.

THE bromide of quinine is now being extensively used instead of the sulphate, because of less cerebral and stomachic disturbances.

"WERE Dr. Rush to return and resume practice, after a century's vacation, who would consent to become his patients?"

A New Pepsin.

Researches in the direction of digestive ferments has shown great activity in the past few years, and the results have been no less important than surprising. The latest achievement in this direction is the production of a pepsin of astonishing digestive power. The power claimed is that one grain of the pepsin will dissolve from 1200 to 1500 grains of coagulated albumen! The certificate of an eminent chemist is before us, stating that in his hands it has proved the most active ferment, one grain easily dissolving one thousand grains of egg albumen; and that it shows a uniformity of strength not found in the commercial articles. This article is the result of two years research and experimenting, at an expense of some thousands of dollars, in the laboratory of Wm. F. Kidder & Co., of New York. The name of the new product is "Kidder's Crust Pepsin." It was the object of the experimentors to produce a pure pepsin, free from acids, salt, sugar of milk, mucus and peptones, and they congratulate themselves on producing an article that is pure, and possessing a digestive power far beyond their most sanguine expectations. Another point in its favor is that it is not hygroscopic and can be kept in any climate. Its taste is not in the least disagreeable. It can be diluted to any desired strength by trituration with sugar of milk. So great is its concentration that one part of the pepsin to *nineteen* parts of sugar of milk makes the the officinal saccharated pepsin of the U. S. P. The importance of such discoveries as the above to the medical profession is very great. Practical medicine owes much to the investigator and experimenter. That this new aid to those "in the ranks" will be rapidly "pressed into service" is a foregone conclusion.

Class Room Notes.

(From the College and Clinical Record.)

—For *dropsy due to anæmia*, Prof. Da Costa ordered Blaud's pill to be taken.

—Prof. Da Costa frequently prescribes codeia in half grain doses for *cough*.

—Prof. Da Costa prescribes the centesimal solution of nitro-glycerine for *asthma*, commencing with one drop ter die.

—At Prof. Parvin's clinic was a woman who had borne *eighteen children* at full term. She was accompanied by her sister, who had borne *sixteen*.

—Subnitrate of bismuth, mixed with glycerine, as thick as can be used in a syringe, is a capital *injection for gonorrhœa*. (Bartholow.)

—Prof. Da Costa treated successfully a case of *irregularly acting heart*, first sound divided,

pulse fifty per minute and weak, with tinct. digitalis, gtt. x, quater die.

—In the treatment of *epithelioma*, Professor Bartholow is assured of the efficacy of arsenic, given internally, and injected into the immediate vicinity of the morbid growth.

—For a case of *secondary syphilis*, with very marked symptoms, Prof. Da Costa ordered—

℞. Hydrarg. iodid. virid.....gr. ⅛
Extract. conii ... .gr. j. M.
SIG.—Pushed till gums are touched.

—Prof. Da Costa directed, for a case of *gastric catarrh*, that the upper bowel be kept unloaded by calomel, gr. ¼, and sodii bicarbonat., gr. ij., taken every night, and sodii phosphat., ℥j, night and morning.

—At the clinic, a fact of recent discovery was most clearly demonstrated to the students, namely, that the amount of *indican* in the urine of patients suffering with impaction of the bowel, is very greatly increased.

—The specific, at the Jefferson College Hospital, for paralysis due to pressure of the main nerves of a limb, is a blister along the course of the affected nerve. At the same time the patient takes an active purge.

—Prof. Da Costa, directed, in the case of an *anæmic girl*, with functional disturbance of the heart, due to dyspepsia, a meat diet, plenty of exercise, and—

℞. Tinct. gentian ferrat....f℥j
Tinct. nucis vomicæ-....gtt. v. M.
SIG.—Ter die.

—At a recent clinic, Prof. Thomson extracted three *cataracts*, with the aid of cocaine, in less than one-half hour. There was present at his clinic the second one of two brothers, who have come from Massachusetts, "past Boston, New York, Jersey City and Manayunk," to have a cataract removed.

—Prof. Da Costa always gives quinine in solution, if possible, mixed with a little spts. ether, nitros., to disguise the taste. In a case of masked *malaria*, he ordered—

℞. Quininæ sulph.....gr. xvj
Acidi sulphurici.....m xvj
Syrup. tolutan.....f℥j
Spirit. æther. nitros.....f℥j
Aquæ.....q. s. ad f℥ij. M.
SIG.—Take in the morning, in three doses.

—Prof. Gross recently called the attention of the class to a new French method of treating *tubercular glands*. When the gland is broken down, a small incision is made in the lowest portion, the material pressed out, and into the cavity is injected melted paraffin, which is then solidified with the ether spray; then the whole sac can easily be dissected out.

—Dr. Neff says cardinal rules of his, in the treatment of *enteric fever*, are: Always visit the patient twice per day. Always take the temperature at every visit. Always percuss the bladder and listen to the lungs at every visit. He uses the carbolic acid and iodine treatment. His mortality, both in hospital and private practice, is only six per cent., while that of Blockley Hospital is eighteen per cent.

—Prof. Da Costa considers the iodide of potassium the only remedy deserving of confidence in the treatment of *internal aneurism*. He gives gr. xx, *ter die*, increased to the point of tolerance. In addition, he keeps the action of the heart subdued by aconite; for pain, ice over the tumor, and rubbed with an ointment of aconite, gr. j., to vaseline, ℥j. A quiet life, rest in bed and a dry diet are enjoined upon the patient.

—Prof. Gross advises the following when, after *hemorrhage*, it is desired to contract the arterioles, and to increase the plasticity of the blood:—

℞. Ergotin.
Pulv. digitalis.....aa gr. j
Opii.....gr. ss
Plumbi acet.....gr. ij
Vel acidi gallici.....gr. iij. M.
Ft. in pil. No. 1.
SIG.—To be taken every four hours.

—There was recently a very complicated case of *heart trouble* at Prof. Da Costa's clinic. A young man, æt. 18, had cardiac hypertrophy with dilatation, mitral stenosis and regurgitation, also pericardial adhesions. He was directed to take—

℞. Tinct. digitalis.....gtt. x
Tinct. cannabis ind....gtt. iij
Tinct. cinchon comp...f℥j. M.
SIG.—Ter die.

In addition, an occasional dose of Rochelle salt. Meat diet.

—Prof. Da Costa directed, in a case of *impacted colon* of one week's duration, that an injection should be used, of turpentine ℥ ss, beat up with the white of an egg and mixed with a pint of hot water, to be followed by simple hot water and salt. In case this treatment failed, warm sweet oil was to be used. Internally was given—

℞. Magnesii sulph.....℈j
Acid. sulphurici dil.....gtt. ij
Elixir simplic.....
Aquæ .....aa f℥ ss. M.
SIG.—To be given every half hour.

At the next clinic the patient returned well, the cure having been accomplished by the injections of sweet oil and a pill of aloes, belladonna and colocynth, on the third day of the treatment.

Original Communications.

Short articles on the treatment of diseases and experience with new remedies are solicited from the profession for this department; also difficult cases for diagnosis and treatment.

Articles accepted must be contributed to this journal *only*. The editors are not responsible for views expressed by contributors.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them: and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else —RUSKIN.

A Counterpart to Gen. Hancock's Case.

Editor of THE MEDICAL WORLD:

I have received the February number of your journal and am very much pleased with it as to its make up, and plain practical intelligence. We older physicians love short, practical reading in a medical journal, unless engaged in discussing the new theories of the day and plying the scalpel of research and invention.

I wish to say that according to the newspaper account of the disease that summoned Gen. Hancock to the world of spirits, and conquered the grand physique of a great and noble soldier, I have had but a short time ago its counterpart. Mr. B., aged 67 years, remarkably healthy, had never been sick enough to go to bed, was attacked with a carbuncle upon the nape of the neck, which I treated in the usual way by poultices and the application of carbolic acid with free opening and such constitutional remedies as were indicated. It progressed finely and satisfactorily for about two weeks, when he presented symptoms of nervous depression, brain trouble and retention of urine; and in spite of all I could do he died in about two days. I have treated many carbuncles, but never met with such a case before.

I am of the opinion that he died from blood poisoning, and the query is, how was this produced.

SAMUEL KENEAGY, M. D.

Strasburg, Pa.

Treatment of Pneumonia.

Editor MEDICAL WORLD:

You ask of your readers their treatment of pneumonia. Here in Minnesota, where I have been for the past five years, I find the best results in most cases, if called early, by giving a large dose of quinine and morph. sulph., from 15 to 20 grains of former to ¼ grain of latter, repeating the dose once if required, in from three to six hours. Apply hot flaxseed poultices to the chest. If disease is not aborted, after treatment is given in sufficient doses to control the temperature during the congestive stage. Then give ammon. carb. in liq. amon. acetate or spts. amon. arom. senega and brandy. Give plenty of nourishment all through; milk, raw eggs, extract of beef, etc.

Treat the symptoms as they arise rather than the disease.

W. H. PATTEE, M. D.,

Pelican Rapids, Minn., Feb'y 15, 1886.

Value of Nitrate of Silver.

Editor MEDICAL WORLD:

Each particular epoch is noted for some new discovery in medicine. Enthusiastic individuals seek fame, perhaps, by bringing to public notice the virtues of new medicines. This is not only right, but is absolutely necessary in order to advance the science of medicine. New physiological tests, new additions to the materia medica, new operations in surgery, all tend to advance the science of medicine and benefit humanity.

I do not propose a new drug, but hope to be able to extend the usefulness of an old one. As nerve stimulants and nerve tonics are now among the principal things sought after, each one claiming his own particular remedy the best, allow me to call attention to one that deserves a place in the front rank of nerve tonics. I allude to silver nitrate. In all adynamic, or typhoid forms of fever, when the bowels are affected, accompanied with subsultus tendunum and delirium, ¼ to ½ gr. every four to six hours, attended with ten to fifteen drops of spirits of turpentine, will allay nervous troubles and rapidly give tone to the entire system, paving the way to speedy recovery. In dysentery, with severe tenesmus, when the dejections are chiefly blood and mucous, the tongue dry and red, no other remedy answers so good a purpose as the silver pill in full doses, accompanied, if necessary, with opium and ipecacuanha to restrain too great peristaltic action, and persuade the skin to act. I have also derived much benefit from it in typhoid pneumonia. In the last stages of the disease, the mucous membranes, affected with a tonic inflammation, are incapable of resolution, in the large majority of cases, without more assistance than the *vis medicatrix naturæ*. At this point the silver nitrate is a most potent remedy, acting the part of an alterative, and permitting nature to relieve herself. I have been equally pleased with its action in equalizing and toning up the nervous system in cases where no mucous membrane was affected. I will cite one case for illustration:

Mrs. P., healthy and living in comfortable circumstances, was delivered of a dead fœtus, April 10th, 1875, labor natural. No unusual phenomena appeared until forty-eight hours after, when without any discernable cause she exhibited unmistakable signs of hysterical mania. Her lochial discharges continued nor-

mal, temperature normal, bowels in good condition; the most searching examination failed to discover any cause for the attack, more than her puerpural condition, which was only physiological, not pathological. I treated the case for several days with the usual remedies for hysteria, at the same time observing that every organ performed its functions aright, without any benefit. I called in two other physicians. They advised counter-irritants over the avories, and 30 gr. doses of bromide of potassium to be repeated *pro re nata*. This course but added fury to the tempest. By the tenth day quiet could only be obtained by chloroform inhalations. When she would escape from the anæsthetic her apparent strength was so great that it required two strong men (her brothers) to restrain her from violence.

At this time, the eighteenth day, while in the acme of her madness, I gave her ½ gr. silver nitrate in pill, repeated in four hours. By the time the third pill was given, eight hours from taking the first, she was as calm as if she had never been a maniac. The medicine was continued for several days at longer intervals. Her recovery was prompt and perfect. I have also given it with success in arresting convulsions in a primipara, before labor set in. During the past summer I tried it on a gentleman seventy-eight years of age, who was threatened with paralysis, with happy effect. Notwithstanding that silver nitrate has the evil reputation of discoloring the skin, I never had it to behave itself unseeming in thirty years practice, although I gave it to one case continuously for *two years*; the patient was the subject of epilepsy; during this time he was free from convulsions.

J. B. ALEXANDER, M. D.

Cowan's Ford, N. C.

Typhoid Fever.

Editor MEDICAL WORLD:

On the 3rd of October last, I was called to meet Dr. P. in consultation at the residence of Mr. D., whose son was quite sick. After examining the patient, I agreed with the attending physician that the young man was suffering from typhoid fever. The symptoms present indicated the disease to be in the second week of duration, and very malignant in its character. Temperature 102½; pulse 120 and dicrotic; stomach and bowels tympanitic and enormously distended with flatus; tenderness in both illiac regions, notwithstanding his semi-comatose condition. Anterior two-thirds of tongue intensely red, shining, pointed and tremulous, base of tongue heavily coated yellow. Subsultus tendinum well marked. Had suffered considerably at the beginning of the attack with cephalalgia and pains in the loins and lower extremities. Epistaxis had occurred one week previous, also hypercatharsis on administering a mercurial purge; bowels now rather inclined to constipation. No eruption discernable. Eructating and hiccoughing a constant and distressing symptom. Thirst almost blunted, though mouth and throat dry and stomach irritable.

Treatment agreed upon:

℞ Olei ricini.....℥ j
Spts. terebinth.....gtts. xv
Mix.

The above was given at one dose, which had the effect of clearing out the bowels, a great amount of gas coming away with the fecal contents. We then ordered a mustard plaster to the abdomen until the skin was reddened, then had a mush poultice applied continually.

℞ Tinct. assafœtidæ.....℥ ss
Aquæ.....℥ vj
Mix.

This amount was given as an enema every four hours. After a few injections were given we had the pleasure of finding the stomach and bowels considerably less tympanitic, and after the use of the above ℞. for a day or two at longer intervals, with a continuation of counter-irritation and poultices to the abdomen, this distressing symptom almost entirely disappeared.

To control fever as much as possible, the following excellent preparation, known as "Thompson Fever Syrup," was given:

℞ Syr. rhei.....℥ iv
Tinct. valerianæ.....℥ ij
Piperin.....grs. x
Soda-bicarb.....grs. xx
Olei sassafras.....gtts. xx

M. S.—Tablespoonful every three hours in milk. I added to the above mixture fl. ex. nucis vomicæ, gtts. xx., which I think is a good addition.

To stimulate the organs to secretion and relieve remaining tenderness and tympanites of bowels, the following was given:

℞ Sp'ts terebinth.....℥ vj
" lavundulæ comp.....℥ ij
Glycerinæ.....℥ iij
Misce et ft. emulsio.
S.—Teaspoonful every four hours.

Quinia sulph. in small doses was combined with the emulsion as a tonic, also to neutralize any malaria that might be present.

Chloral hydrate and brom. potassium was give at intervals of three hours at night to relieve restlessness and procure sleep.

Now comes the most *important* part of my *treatment*, and a part that I would especially enjoin upon every practitioner to rigidly enforce and supervise himself, if possible. I

speak of *nourishment;* beef-tea, milk, milk-punch, poached eggs, rice, etc., were given every *three hours, day and night*, as regularly as medicine. I consider nourishment essential from the begining of the disease.

Dr. P. was compelled to withdraw from the case, owing to a pressure of business. I continued the above treatment, only making a few changes to meet symptoms as they came up. The patient was declared convalescent on the 30th day, and has made a speedy recovery.

Since I took charge of the case, four other members of the family have been stricken down with the same disease, although I made every attempt to prevent its contagiousness by disinfecting stools, bed linen, etc. I followed the above plan of treatment with all cases with the same happy result.

I will state for the benefit of your readers that I have treated 26 cases of typhoid fever, all pretty much on the above plan, with the loss of only one patient, and that case was complicated with facial erysipelas; but before closing, must acknowledge myself indebted to my friend Dr. Clanton for valuable assistance rendered in some of the other cases.

Minor points of treatment, though very important, I have neglected to mention, such as acid baths, twice or three times a week, and changing of the clothing and bed linen every other day, etc.

Hope, Texas. SI YOUNGKIN, M. D.

An Unexpected Babe.

Editor MEDICAL WORLD:

One morning, in the spring of 1883, I was called early to see the wife of a patron. The messenger said she was suffering with pains in the bowels, and was in great distress. I hastened to the bedside and found the woman half through labor; in fact, the peculiar cry of a new-born babe was the first sound I heard on opening the door. In a very short time the placenta came away. In the meantime a few neighboring women had been summoned, fires started, and preparations were soon well under way to care for the new arrival. To one of the women, the mother said, "there isn't a dud made for the baby, for I didn't expect one." This unusual state of affairs excited my curiosity, and I proceeded to elicit from the mother the following almost unbelievable story:

She said she had no idea, at all, that she was in the family way. Ten or eleven months previously she had given birth to a child, as she had done a like time previous to that. So it happened for nearly three years her abdomen was either enlarged or enlarging, and at no time had it had any time to resume the normal condition. It was in a relaxed flabby state, and so it happened that she did not notice the enlargement which otherwise would have excited suspicion. From the patient's mother I learned that she had had no intimation of such a state of affairs. I am therefore well satisfied that this woman conceived, bore a child to full term, and completed the second stage of labor without ever admitting to herself the possibility of her being in a pregnant condition.

I have never read of a similar case. Maybe some of the WORLD's readers have.

Le Claire, Ia. J. A. DE ARMOND, M. D.

The Opium Habit.

Editor MEDICAL WORLD:

The opium and allied habits are receiving more and more attention at the hands of specialists. In the profession at large there still exists a degree of skepticism in regard to the permanency of the cure of these habits, those, however, who are best qualified to judge are of the emphatic opinion that the habit can be so completely broken up that the patient will have no desire for his former narcotic; and that, too, in a short time without much suffering, if he has the benefit of skilful medical treatment. A few do break the chains that enslave them, after a desperate struggle, by a sheer force of will; but if the attempt is unsuccessful (and it generally is) they are utterly discouraged; so it is desirable in the beginning to give the patient all the advantages which science can afford.

The first condition of success is that the patient shall unreservedly place himself under the care of a competent physician. It is better for him to go to his physician's residence, and become his guest during treatment, than to remain in his own home. He needs at all times to be kept under watchful eyes.

The treatment should begin by rapidly reducing the narcotic. The first day the patient may be allowed one-half or two-thirds his usual quantity. The second day's dose should be one-half what was taken the first day. The amount used each succeeding day should be less and less for eight or ten days, when the narcotic should be entirely discontinued.

Sooner or later in these cases the patient is nervous by day and sleepless at night. Vomiting and diarrhœa sometimes occur. Neuralgic pains in various parts of the body distress him, while profound exhaustion, bordering on collapse, is experienced. The skilful physician has it in his power to materially control these conditions. For the nervousness and insomnia the bromides and cannabis indica, given in full doses, are valuable. Chloral is also a powerful agent. Its actions should be critically watched. Vomiting and diarrhœa are usually easily arrested by ordinary measures. Neuralgia yields to the

hot bath and electricity. Tonics and stimulants are called for from the first.

Strychnia, ammonia, capsicum, arsenic, coca, with wine and brandy, all have a place in the treatment of the opium habit; also, beef tea, chicken broth, eggs, when they are borne by the stomach, and plenty of milk with lime water. To this list may be added, as convalescence advances, some of the bitter tonics, as compound tincture of gentian. Spirituous liquors should only be administered when the danger from collapse is imminent.

The time necessary to break up these habits varies; but in ordinary cases convalescence begins in two weeks, and in from two to four weeks more the patient's health is regained. The period of treatment is brief contrasted with the great benefits resulting from it. The patient improves in flesh, strength, and disposition.

The writer has become very much interested in the subject, and for the purpose of obtaining more information, most earnestly requests all readers having cases to answer the following questions:

A. The manner in which the habit was contracted.

B. The preparation used.

C. The amount taken in twenty-four hours.

D. Mode of administration.

The expense of correspondence will be paid; and if sufficient material can thus be brought together to form valuable statistics, they will be published in THE MEDICAL WORLD.

Gilsum, N. H. I. A. LOVELAND, M. D.

(FOR THE MEDICAL WORLD.)

Random Suggestions.

BY A RADICAL.

Before medicine can lay claim to a scientific basis, we have much to learn and much more to unlearn.

In time, all the isms and pathies will merge into the simple, but universal and untrammeled study of medicine; and practitioners and schools of medicine will unhitch all the useless and insignificant "ics" and "thists" from the terminations of their names.

We shall all grow tolerant of each others vagaries and individual opinion, even if they be sometimes mere whims and baseless caprices. To be a *Physician*, will be the sole ambition of the future medical student. But that happy day may be nearly as far off as the mythical millenium.

Fungi always cling to dead and dying objects, —never to thrifty living ones.

The medical practitioner of the future,—which is a convenient phrase to fall back upon when we want to indulge in a harmless dream of possible utopia!—will not be an apologist for imbecility. Merit and application will win appreciation and recognition whenever shown, while stupid ignorance and stolid indolence, dressed up in broadcloth, will not win the highest seats at the feast and the largest rewards of pelf and place.

Nor will the asses of the ilk be formally sustained, tacitly endorsed or officially apologized for, simply because somewhere in the past they wheedled or bought a reputable and recognized school into granting them formal and "lawful" credentials!

Who records, with a flourish of trumpets—and certificates—the cases of spontaneous recoveries from various acute and chronic diseases? Their number is legion, their history is nil. They do not appear in the archives of medicine, but they occur constantly, in every community, as a caustic criticism of our boasted knowledge and skill!

NEW YORK.

Treatment of Pneumonia.

Editor MEDICAL WORLD:

I have had a good many practical hints from your valuable journal, and think it not amiss to exchange thoughts with my medical brethren; and as pneumonia is a very prevalent disease at this season of the year throughout the country, and often fatal, I will give the treatment which I have found eminently successful, having rarely lost a case for some years past.

If called in the early stages, I at once commence with the tincture of veratrum viride or aconite, from one to three drops every hour, until temperature is reduced and pulse brought near the normal standard, and in this malarious district, a ten grain dose of calomel with a grain or two of podophillin. This also keeps down the temperature. In a day or two I commence with my chloride of ammonium mixture, which is as follows:

℞ Ammon. muriat.....ʒ ij
Potass. chlorat.....ʒ j
Syr. senegæ .....ʒ j
Chloroformi .....ʒ j
Aquæ comphoræ.....ʒ iv
Pulv. ext. glycyrrizæ.....ʒ j

Mix. Sig.—Tablespoonful every hour or two.

In this I sometimes add carb. ammonia. Here we have a defibrinating antiphlogistic and resolvent in the ammonia, a refrigerant and alterative to the mucous membranes, and at the same time organizing agent to the partially discarbonized blood in the chlorate of potassium; in the senegæ and licorice an expectorant and demulcent, and at the same time a nervous sedative; the chloroform checks the cough and quiets the system. This mixture I continue throughout, giving milk toddy as occasion

requires. Locally I use hot mush poultices to the affected side in the beginning, followed in a day or two with a large blister. I also manage to get from 12 to 15 grains of quinine into the patient during the remission that generally occurs at morning. If called several days after the attack, I commence with the ammonium mixture at once.

The above treatment will cure nine-tenths of the cases. Of course I vary the treatment according to the condition of the patient, idiosyncrasies and complications. No one prescription can be invariably followed; we cannot practice physic successfully by prescriptions from books in all cases, but must be varied according to the judgment of the practitioner. Ergot has been highly lauded, and I think it very useful in congestion of the lungs; but it cannot take the place of other remedies in active inflammation of these organs.

Port Conway, Va. W. N. JETT, M. D.

Death of Child in Utero. What Was the Cause?

Editor MEDICAL WORLD:

I am young in the practice of medicine, and wish to gain all the light I can from the experience of others. Therefore I make the following report and ask you, Mr. Editor, or some of the experienced readers of THE WORLD to give their opinion.

I was called to see Mrs. F——, July 20th, 1884. I found her in the eighth month of pregnancy, with general anasarca, this condition being the reason of my being called. I learned that her age was 24, pregnant for the first time; the urine I found very heavily loaded with albumen.

I showed a specimen of the urine to an old practitioner, and his opinion was that the mother was in a critical condition and that the child would be still-born. I treated the woman with tonics and diuretics. Had no difficulty in reducing the anasarca and removing the appearance of albumen from the urine. For two weeks previous to delivery no movement was felt, and on August 26th, I delivered her of a still-born child, shoulder presentation. I should judge that the child had been dead for a week or more, as the cuticle readily come off, and the bones of the skull were dislocated and movable one upon another. There was no unpleasant odor to the waters, and *absolutely no hemorrhage* from the womb. Woman made a good recovery.

On November 18th, 1885, I was called again. Found the woman in labor at eight months, as she claimed, pains irregular and in front. Made a digital examination; found that the mucous plug had been discharged; could insert my finger into the os, which was soft; the neck of the womb was not much shortened and the internal os did not seem to be open, and the pain did not affect the womb; at least I could not perceive any change in the condition during pain and in the absence of pain. So, after waiting for two or three hours, I made a second examination. No change; pain dying away; I left. In one week was called again, and delivered the woman of a dead child, shoulder presentation; child had apparently been dead for a number of days.

This time there was no anasarca and no appearance of albumen during the course of gestation. The woman had been very well; had taken no medicine; had no hard work, and had taken every precaution that there might not be a repetition of 1884. There was no movement from the 18th to the 25th. On the 18th I could have taken my oath that the *head* presented. What I want to know is the cause of death in the second case, and the management that would have been instituted on the 18th, by those more experienced than I. I know what I would have done had I known what the result would be in one week. But after the thief has stolen the horse we know very well what we would have done, had we known there was a thief preparing to steal the horse; but how was I to know of the thief?

If this, in your mind, is worthy of discussion, please reply in THE MEDICAL WORLD.

Alton, Maine. A. H. T.

[Any taint of syphilis or tuberculosis in family? If so, treatment for these conditions should be begun in early pregnancy and be continued throughout. Did the bag of waters break prematurely? Had you been able to fore see the death of the child on the 18th, how could you have prevented it except by inducing labor at once?—Ed.]

An Obstinate Case of Sciatica.

Editor MEDICAL WORLD:

On the 12th of February I was called to see Mr. J. P. G., age 48, who previous to this attack had enjoyed exceptionably good health. On questioning him I learned that in his attempting to carry a stick of wood into the house he was suddenly stricken with a sharp intense pain in the lumbar region, and fell prostrate to the ground. In this position he was forced by the pain to remain till assisted in the house by his family.

His case presents some peculiarities. At times the pain extends the whole length of the sciatic nerve, from the trochanter major to the external malleolus, while the integument along the course of the same nerve seems dead or in a partial anæsthetic state. At periods the pain is very acute just behind the trochanter, and

then in less time than it takes to write these lines it will shift to the region of the knee.

In the way of local treatment I have used poultices, liniments, counter-irritants *ad infinitum*. Internally, morphiæ sulph., *per orem* and hypodermically in the region of the nerve, salicylic acid and salicylate of soda and potass iodide, with no material benefit.

For the last ten days his attacks have become periodical; coming on between the hours of nine and twelve at night. For this state of affairs I have given quinia sulph. heroically, and still he is not much better. Perhaps when some of my professional brothers read the above array of drugs they will wonder why he is not dead, instead of having any hopes of recovery. I will add that each drug was given a fair trial and discontinued before another was tried.

If any of your readers will give me a few hints in the next issue of THE WORLD, or by letter, how to cure my patient, I shall consider myself under lasting obligations.

Will the editor of THE WORLD, or some one in possession of the information, tell me the chemical constituents of the much vaunted antipyritics, thalline, kairin and antipyrin? Every medical journal I pick up now has something to say about them.

Wise, Ark. S. H. SINGLETON, M. D.

[Write to Messrs. Lutz & Movius, 15 Warren street, New York, for all information concerning kairin, antipyrin, etc.—ED.]

Inward Dislocation of Radius and Ulna at Elbow.

Editor MEDICAL WORLD:

In your January number I noticed an article by Dr. W. W. Hester, of Anna, Ill., on "Inward Dislocation of Ulna and Radius at Elbow." Thinking it would be of interest to the gentleman to hear of other similar cases, I refer him to an article on the subject which appeared in *The Weekly Medical Review*, of Nov. 28th, 1885, page 431, in which seven (7) cases are mentioned. LOUIS HAUCK, M. D.
1903 Lafayette Ave., St. Louis, Mo.

[The following is the article above referred to.—ED.]

Dislocation of Radius and Ulna Inward at Elbow.

BY LOUIS HAUCK, M. D., ST. LOUIS, MO.

P. Burns, aged 13, was brought to our office at noon on the seventh of September. A half-hour previous, while playing, he slipped on a banana peel and fell. Striking on the point of his right elbow and turning on this as a pivot he struck his right cheek and forehead.

On examination I found the external condyle prominent, olecranon lying over internal epicondyle, and the head of the radius on the trochlea, where it could be felt rotating. A depression existed between the olecranon and external condyle. Passive flexion and extension were very limited; pronation and supination possible but very painful. Reduction was easily accomplished by drawing on flexed forearm in a line with the humerous, and pushing the olecranon outward, while the humerus was being firmly held by an assistant. Immediately after reduction the severe pain disappeared, and extension and flexion, pronation and supination were almost perfect, but painful. The radius had returned to its normal position.

The treatment consisted in immobilization of the elbow by means of a posterior felt splint fastened with crinoline bandages.

Sept. 11, four days after the injury, I removed dressing and found extensive ecchymosis and some swelling, some tenderness over the joints and several bullæ on forearm.

On Sept. 21 I removed splint and placed the arm in a sling. Liniment was ordered to be rubbed into the arm about the joint twice a day.

I did not see case again until I sent for him a month after and found him still carrying the arm in the sling, although I told him to carry it there for one week only, and then to let me see him again.

The result is almost perfect, there being only a slight impediment to full flexion and extension. He is able to shovel coal and do other hard work without inconvenience.

This is a rare accident, as only five cases, according to Prof. Hamilton, have been recorded. A sixth case was reported by Prof. T. F. Prewitt, of this city. Of these two were mistaken for fracture, and in one no attempt was made at reduction; in the other an attempt was made five weeks after the accident, but failed; one Malgaigne failed to reduce, though recent; one was easily reduced immediately after the accident, and two were reduced with great difficulty after five and fifteen days respectively.

Vaccination.

Editor MEDICAL WORLD:

With regard to Dr. Palmer's difficulty of not having vaccine virus to "take" upon himself, I will say that I am still without ever having the virus to "take," and I have passed through three epidemics of small-pox.

For the benefit of all my medical friends I will give him my treatment of *my own family* while I am attending those who have the disease. I make it a rule immediately upon my discovery of having on hand a case of either varioloid or small-pox, to immediately vaccinate all my

family and myself. So far I have been successful in warding it off in my own family. I had one singular case in the town I practiced in. The mother called me in to vaccinate the whole family, mother, baby and three boys. One boy, Frank, was last operated on. Next day in passing the house the mother called me in to see how they were all doing. Of course there is little to be seen in that time, you will say. So I thought; but Frank's arm was inflamed, and the two scars were weeping pus terribly, and the scars were as large as pennies and at least a quarter of an inch in thickness. In less than two months the mother took varioloid and also the baby; but Frank had confluent small-pox. Now my impression was in regard to Frank that as he had such a large amount of pus secreted and thrown off, he would be likely not to have a severe attack, if any. The rest of the family, except those mentioned above, escaped entirely.

1126 S. 10th St., Phila. I. R. S.

A Further Word on Oxygen Treatment and Oxygen Charlatans.

BY SAMUEL S. WALLIAN, A. M., M. D.

Editor MEDICAL WORLD:

It is said that every genuine coin has its counterfeit, and every true bank note its spurious imitation. Whether this be true or not, it certainly is true, in medical practice, that every novel or unusual method of treatment is more or less counterfeited and dragged into the mire by mercenary quacks and charlatans. Electricity is a notable example. Legitimate as it is, and in a class of cases absolutely essential and the only effective agent, it has been degraded by blatant empiricism until many intelligent members of the profession are yet foregoing its use through prejudice and disgust.

The use of oxygen in some of its many forms and combinations has been steadily growing in favor with the profession for the past ten years or more, and is now being used by a large number of physicians, some of them very eminent practitioners, scattered all over this country and Europe.

The arguments in behalf of the rational nature and curative potency of the agent are plausible, easily understood, even by laymen, and hence the advocacy of the "treatment" opens a wide field for the empiric and the charlatan.

A glance at the daily and weekly press, especially the religious journals, will convince the observer that this field is being thoroughly worked. The giant of all the tribe of quacks in the oxygen line has his castle in a neighboring city—and no mean castle is it! The mails are loaded with pamphlets and periodicals, printed in fine style with profuse display of wood cuts and lithographs—not forgetting the inevitable "genuine certificates" without number.

Nor are semi-professional indorsements, from members of the profession in "good and regular standing," wanting to give a glamour of genuineness and worth to these specious and shystering claims. Thus encouraged, these cormorants have built up a business of fairly gigantic proportions. They have waxed fat and wealthy until now they are able to kick with arrogance.

The disgraceful and humiliating feature of the matter is that not a few physicians who really are aware that the claims of unscrupulous advertisers, that they are possessed of secret processes and a knowledge of new combinations of oxygen, of methods for "magnetizing" the gases and lethean waters they dole out, are notoriously fraudulent and without the slightest foundation in logic or chemistry; and yet they give their bogus wares a tacit endorsement by either procuring them for their patients as temperizing placebos, or encouraging their sale by acquiescence to their use as "probably harmless."

From time to time analyses of these nostrums have been published and some faint attempts at "exposures" have been made; but it must be confessed that the profession has taken no active measures to warn the public of the bare-faced imposition that is being practiced upon it.

Now to the facts:

Most of these advertisers name their "secret" preparation "compound oxygen." Some call it simply, "The Oxygen Treatment." As to their nature, all are about alike; and it ought to be unnecessary to repeat to intelligent physicians that none of them contain any free oxygen, beyond the inconsiderable quantity always found in common water. They consist generally of weak aqueous solutions of nitrates of lead and ammonium, some adding also chlorate of potash. The clew that these solutions are "the chemical solutions in which we have been able, after long and carefully conducted experiments, to hold this magnetized (!) substance," etc, is the quintessence of bosh. The exercise of a grain of chemical common sense will forever set at rest any doubt as to whether possibly there might not be some virtue, some undeveloped "secret," behind all this pretensious nonsense.

Let the medical press generally take up this matter, publish far and wide the analyses of this specious trash, formulæ for manufacturing the same, and by a concerted action at least shame reputable physicians from giving their semi-sanction to this notorious and wide-spread quackery.

Thus, if the following does not so closely imitate the mixture called "Compound Oxygen," and sold to credulous invalids or their doting friends at from $12 to $15 per bottle,

with a cheap glass inhaler, (the whole costing perhaps $1.50 to prepare, put up and advertise) that it cannot be told from that preparation, then it will be because the investigator lacks the quality of *faith*. In fact, without this element the genuine "magnetized" is powerless for good!

℞ Ammon. nitratis.....ʒj
Plumbi " .....ʒj
Potass. chloratis.....ʒii
Aquæ .....Oiv
M. Ft. Sol.
S. Use through an inhaler with moderate heat.

From the "magnetized" secret what does the deluded patient realize? *Warm aqueous vapor*, —only this and nothing more. With it are sent some instructions as to time and manner of breathing, etc., etc. By following these instructions, coupled with an exercise of faith equal to that demanded of the believers in the "faith cure" proper, which is certainly much more honest form of quackery, the patient is benefitted just as a fever patient once felt better from the application of the bulb of a clinical thermometer under the tongue, thinking it was a new therapeutic method! just as the horseshoe ensures "good luck"; just as the stars determine destiny; just as incantations and mummery exorcise evil spirits and cure diseases.

The question arises, how can members of the profession avail themselves of the genuine oxygen treatment? *Simply by using oxygen*, and giving no countenance to these innumerable shams. Again, is there such a thing possible as genuine "Home Treatment," or a portable form of oxygen for bedside use? Yes, by the use of peroxide of hydrogen (hydrogen dioxide) when it can be had in sufficiently pure form and of the proper volumetric strength for use by inhalation. *This is the only source yet made available.* All the specious claims for a "secret" something which gives off oxygen by gentle heat, except as they refer to this compound, are shallow impositions; there is not a word of truth in them, no matter with what array of pseudo-erudite reasoning such impudent claims are presented.

The apparatus for making oxygen is not expensive. A moderate outfit for a country practitioner costs about $50; and by the aid of the literature which has appeared on this subject within the past five years, no physician who can give it a little time and study will be long in mastering the details of this treatment.

Mr. Editor, it would seem to be useless for me to attempt to have the last word with your many readers. My brief explanation of the therapeutic possibilities of oxygen, or as it has come to be called, "The Oxygen Treatment," in your last issue, only served to stimulate instead of satisfying inquirers. Letters have come to me, and are still coming, from all quarters, from Maine to Texas, seeking further imformation on the subject.

It is gratifying to see so many practitioners turning their attention to what is termed *natural therapeutics*. It is a hopeful sign, and I am willing to do all I can, in reason, to aid them in the study. But I hope no correspondent will be seriously offended if I suggest that scores of them write me asking questions which it would require many pages, if not a full sized treatise, to properly reply to; yet, in some instances, not even return postage is enclosed. A few are inconsiderate enough to write on postal cards, asking virtually for an exhaustive medical essay in return.

With the necessary apparatus once set up, the cost of manufacturing either oxygen or nitrous oxide—both being essential to the best form of the treatment—will not exceed, in ordinarily careful hands, the sum of two dollars per hundred gallons.

The price of $50 will secure an outfit for manufacturing and dispensing both gases, with a capacity sufficient for the daily treatment of ten to twenty cases; and this capacity can be tripled, and the apparatus made much more convenient and satisfactory at an extra cost of $50.

The material for preparing either gas, best quality, prepared for immediate use, can be had at 50 cents per pound in lots of 10 pounds.

The cabinet form of apparatus illustrated in my paper in *The Physicians' Magazine* for December last, cost about $300, and will accommodate fifty to one hundred patients daily.

I have arranged with reliable parties in this city to manufacture any the above outfits under my direction, each outfit to be accompanied by full directions for use.

491 West 22nd Street, New York City.

A Case of Belladonna Poisoning.

Editor Medical World.

On the morning of Nov. 22d, I was called to see Mr. H., a man forty-five years old, who had never before been ill. On entering the room I found him in a perfect delirium, therefore was unable to obtain any satisfaction from him to aid me in diagnosis, except the pupils of the eyes were very much dilated; pulse 99, respiration 20. On inquiry of his wife I learned that on his return at night from his usual business, that she observed nothing strange in his manner until about ten o'clock in the evening he began to be confused, and it rapidly increased upon him up to the time I saw him, which was about three o'clock, A. M. I was informed that he complained of slight pain in his back the day before, and applied spirits of turpentine over the lumbar region, and as that gave no relief, applied a belladonna plaster over

the irritated surface. The diagnosis was readily made, the plaster removed and Squibb's tincture of opium and ipecac administered in six drop doses repeated every two hours, also bromide of sodium in ten grain doses every four hours. After the removal of the plaster and administration of the above, improvement followed. I discontinued the use of Squibb's tincture of opium and ipecac and continued the bromide for two days. On recovery he states the symptoms as follows: dryness in the mouth and throat, dizziness, slight headache with blindness. I would suggest, that people using like plasters prepared from a drug, become acquainted with its physiological action.

Ellsworth, Conn. FRANCIS S. SKIFF.

Will Cocaine Cure Morphinism?

MY DEAR EDITOR:

I desire to ask the fraternal brotherhood through our MEDICAL WORLD a question, which is to me of great importance.

In the October number, on page 330, Dr. Fleischl, of Vienna, declares that morphinism, alcoholism and all similar diseases, can now be cured rapidly and painlessly by means of cocaine chloride. He also states the method is very simple—a withdrawal either gradual or abrupt and complete, of the habitual intoxicant, and treatment of the nervous and other spmptoms which arise therefrom by means of hypodermic injections of the cocaine. Now, I look upon this statement as meaning something. This medical gentleman stands high in the ranks of his profession. I ask the readers of THE WORLD if anyone has made a trial of this simple mode of treatment for the cure of the morphine habit? I have a near and dear friend who has been taking morphine ever since 1879; for the last year has not allowed the drug to be increased, ℥ j lasting him seven days, or about grs. ix per day. He has a strong desire to leave off, but fears to try. I called his attention to the piece alluded to in THE WORLD and he seemed to brighten up all over and remarked, "there is a chance for me yet." He has tried several times to leave it off, but always goes into an asphyxed condition, falling down and frothing at the mouth almost precisely like a person in a fit of apoplexy, from nervous exhaustion. This may look a little strange perhaps to the most of your readers—apoplexy from nervous exhaustion, but this I have met with. It is very hard to see any difference between cerebral apoplexy, and apoplexy from nervous exhaustion. I await with deep interest, expecting to hear from one or more upon the above subject.

Portland, Oregon. F. A. JOHNSTON, M. D.

Replies.

Editor MEDICAL WORLD:

In your issue of January Dr. A. Wolf, of Gosset, Ill., asks for best treatment of consumption (presumably, tuberculosis). I have had some good results from the use of the hypophosphites of soda and lime; I am now using "Gardener's Syrups," after the Churchill method. I think I am seeing some benefit to a patient, both of whose lungs had become seriously involved by tubercular deposits, as I supposed; the left, being the last and least involved, now begins after about 3 weeks use of syrup hypophosphite of lime, to show less roughness of respiration.

B. D. Long, of Bloomington, Indiana, asks for a sure remedy for tape worm. A man aged about 45 years applied to me in October, 1885, who states that he several times tried medicines and caused expulsion of tape worm, but in about three or four months the symptoms have returned, the head probably remaining. I procured about two quarts of the common yellow pumpkin seeds, directed the capsule to be removed and the contained meats to be reduced to a pulp, the patient to eat that and nothing else for 24 hours, then take a cathartic of castor oil and report. Result, 23 feet of tape worm, no head, but at the present time, more than fourteen months, no return of tape worm symptoms.

Hamden, Conn. E. D. S.

Reply.

What is your treatment for rheumatism, acute and chronic?

What is your treatment for scarlatina?

What is your treatment for diphtheria?

How do you manage and treat early tuberculosis?

What is your treatment for erysipelas?

Is there such a thing as "bilious" fever; Give your views?

What is your treatment for neuralgia? for sciatica?

What do you do in cases of delirium tremens?

Give your treatment for gonorrhœa, if you have a successful and satisfactory one.

Write on any other subject upon which you have decided views or useful knowledge.

Quiz Column.

Questions are solicited for this Column. Communications not accompanied by the proper name and address of the writer (not necessarily for publication), will not be noticed.

Treatment Wanted.

Editor MEDICAL WORLD:

Please allow me to ask your readers what is the best treatment for catarrh of the bladder.

I wish also to present the following case for diagnosis and treatment: The skin of the scrotum is rough and very thick. It looks like the

integument of the body when it is affected with tetter. It is painful and itches at night when he retires. Various ointments and also escharotics have been used, but without avail. What is the matter? and what treatment should be pursued?

Half Rock, Me. J. B. ROBINSON, M. D.

Editor MEDICAL WORLD:

I would like to ask your readers for the best treatment for gonorrhœa, diarrhœa and dysentery.

Coal Creek, Tenn. J. H. ALBERT, M. D.

Ed. MED. WORLD:

Will some of the readers of THE MEDICAL WORLD give their treatment for meningitis?

Carrsville, Va. J. G. Holland, M. D.

Editor MEDICAL WORLD:

Can you give the formulæ for "Neuralgine"?

Beaver Falls, Pa. DR. WM. RAMER.

[Readers everywhere will please aid us in obtaining formulæ asked for in these columns.—Ed.]

Editor MEDICAL WORLD:

Will you please give the formulæ for Schenck's "Pulmonic Syrup" and "Sea Weed Tonic?"

Nelsonville, O. M. Q. S.

[Do not remember to have ever seen them published. Will publish if we can obtain them.—Ed.]

Editor MEDICAL WORLD:

I notice that you publish the formulæ of secret and proprietary medicines. Can you give the formulæ of "athlophoros"?

Rush City, Minn. E. M. BEARDSLEY.

[See another column.—Ed.]

Editor MEDICAL WORLD:

Will you please publish the formulæ of Mc Elree's "Wine of Cardui," and Mrs. Winslow's Soothing Syrup?—J. B. HECK, M. D., Fergeson's Mills, Ark.

[Watch the formula columns.—Ed.]

Editor MEDICAL WORLD:

Will you please publish the formulæ for Dr. Seth. Arnold's "Cough Killer"?

Gilman, Iowa. W. B. DUNKLE, M. D.

[Our readers will oblige us by aiding us in giving the formulæ asked for in this column.—ED.]

FORMULÆ.

For Coughs.

℞ Syrup of tar.....oz. 1
Syrup of tolu.....oz. 1
Syrup of lobelia.....oz. 1
Syrup of ipecac.....oz. 1

Mix. A desertspoonful every two to four hours.—DR. R. C. WORD.

Barium Sulphide as a Depilatory.

Prof. Bartholow advises the following to be made into a paste with sufficient alcohol and applied, being allowed to remain until some pain is felt and then removed:

℞ Barium sulphide,
Lime, of each.....1 dram.
Powdered starch.....2 drams.

For Falling Hair.

The following will prove of interest to those of your readers who are troubled with falling hair. It is most excellent and I can recommend it:

℞ Bay Rum.....ʒ 2
Glycerine.....ʒ 2
Tincture of Cantharides.....ʒ 1
Oil of Bergamot.....ʒ ½
Quinia Sulph.....grs. 10
Aqua.....ʒ 4

Mix. Use every morning for dressing the hair, and discard all oil and grease.—W. P. GRATE, M. D., *in the New England Medical Monthly.*

Liniments for Rheumatism.

For joints distorted by arthritis or similar causes where there is no cutaneous inflammation or hyperæsthesia, the liniment of Barbiche is recommended by the *Boll. di Farmacia di Roma.* It is made as follows:

℞ Olei ricini.....ʒ 20
Chloroformi.....ʒ 7½
Tincturæ iodi.....ʒ 2½
Camphoræ.....ʒ 2½
Acidi carbolici.....ʒ 1

Mix.

Apply night and morning.

Where there is inflammation with great pain, the following formula of Monin is recommended:

℞ Tincturæ thebaicæ.....ʒ 10
Tincturæ digitalis ætherica.....ʒ 10
Tincturæ benzoes.....ʒ 10
Morphiæ hydrochloratis.....grns. 15

Mix.

Rub in thrice daily and then cover with absorbent lint.

For Rheumatic Fever.

℞ Sodæ salicylici.....ʒ iss
Potass. bicarb.....ʒ ij
Tinct. aconiti.....ʒ ss
Liq. opii sedativi.....ʒ ss
Sp. choroformi.....ʒ ij
Aq. camphoræ ad.....ʒ viij

M. S. Two tablespoonfuls every five hours.

For Insomnia.

℞ Camphoræ.....
Ext. hyoscyami.....āā gr. v.
Divide into two pills. To be taken at bed-time.
L. Louis, M. D.

Dr. S. J. Smith (*Phys. & Surg. Investigator*) recommends the following as a hair restorer:

℞ Bay rum.....℥ ii.
Glycerine.....℥ ii.
Tinct. cantharides.....℥ i.
Tinct. capsicum.....℥ i.
Sulphate of quinine.....gr. x.
Water to.....℥ iv.
To be used as a daily dressing.

In Chronic Rheumatism of Joints.

℞ Potassii iodidi.....℥ v.
" bromidi.....℥ gr xv
Tinct. iodi.....m. xx.
Syr. gentianæ.....℥ xvii.
M. S.—One tablespoonful night and morning, painting the joints at the same time with the tincture of iodine.—M. Fort, in *Union Medicale.*

Pills for Neurasthenia.

℞ Ferri bromidi.....
Quiniæ hydrobromat.....āā ℥i.
Ext. rhei.....q. s.
M. Divide into 120 pills.
S. Take two three times a day.—Dr. Maximovitch, in *Union Medicale de Canada.*

Tasteless Tincture of Iron.

℞ Acidi citrici.....℥j.
Potass. carbonat.,.....℥j.
Aq. destillat.....
Sol. ferri chloridi.....aa ℥j.
Spts. rect. dil.,.....q. s.
Sach. alb.,.....℥ss.
Dissolve the citric acid in the water and bring it to the boiling point; remove from the fire and add carbonate of potassa until effervescence ceases; then add dilute alcohol to four ounces; in this dissolve the sugar and filter.—Dr. A. Crense.

A very fine cough syrup, known as the Brompton Hospital (London) cough syrup may be made by adding one ounce each of hops, hoarhound, wild cherry bark and Iceland moss to two quarts of water. Let this mixture simmer down to one quart, and then add four ounces of pine tar. Stir until nearly cold, keeping as much of the tar in solution as possible, and add one pound of good loaf-sugar, and half a pint of pure jamaica rum.—*Albany Sunday Press.*

A Liniment for Superficial Neuralgia.

℞ Limentum aconiti.....℥ ss
" chloroformi.....℥ ss
" belladonnæ.....℥ ss
" camph.....℥ i ss
Misce.
L. Lewis, M. D.

Balsam of Life.

Will you, or some of your readers, please inform us what is wanted when customers call for "Balsam of Life?"—Carroll & Taylor, King City, Mo.

We suppose the customer wanted Hoffman's balsam of life, which is official in the German Pharmacopœia under the name of *Mistura oleo-balsamica.* It is directed to be made as follows: Take of

Oil of lavender.....	1 part.
Oil of cloves.....	1 part.
Oil of thyme.....	1 part.
Oil of lemon.....	1 part.
Oil of mace.....	1 part.
Oil of orange flowers.....	1 part.
Balsam peru.....	3 parts.
Alcohol.....	240 parts.

Mix them; set the mixture aside for several days in a cold place, shaking occasionally, and and filter. It is a clear, bromine-yellow liquid.

In addition to being a convenient flavor and perfume in making extemporaneous tooth powders, dentifrices, and gargles, it is also used internally as a stimulant, antipasmodic, nervine, and stomachic. It is best administered on a lump of sugar or in a form of emulsion.—*National Druggist.*

A Patent Worm Medicine.

This is the way a patent worm medicine, number 314,477, at the Patent office is made: "Half a bushel of China berries (Smilax China) and one barrel of boiling water are mixed and left until sour. Half a barrel of corn meal and one barrel of boiling water are mixed and allowed to stand for fifty hours. Then half a barrel of cold water is added and this latter mixture allowed to commence fermenting. In ten days the two mixtures are united and distilled over a slow fire, and then filtered through charcoal. Dose, one to two teaspoonfuls. It is patented by Addison Regan, of Glenmore, Ga.

Neuralgine.

Remedy for neuralgia and rheumatism, consists of 10 grammes tincture of aconite, 3 grammes tincture of opium, 5 grammes chloroform, 5 grammes essence of peppermint.—Dose, 30–40 drops.

Bateman's Pectoral Drops.

is a benzoated tincture of opium, colored with cochineal.

Dr. Pierce's Favorite Prescription.

is a greenish yellow, turbid fluid, composed as follows: Savin, 10 grammes; agaricum, cinnamon, of each, 5 grammes; cinchona bark, 10 grammes, boiled in 220. grammes of water, to which is added 10 grammes of gum arabic and 5 grammes of sugar, and finally tincture digitalis and tincture opium, 2 grammes each; oil of anise, 8 drops, and 45 grammes alcohol.

Injection Brou.—(Paris.)

Consists of a solution of sulphate of zinc, 1 part; acetate of lead, 2 parts; tincture of catechu, 4 parts; laudanum, 4 parts in 180 parts of water,

Ayers' Pills.

Consist of colocynth, gamboge and aloes, coated with starch and sugar.

Chlorodyne, Dr. Browne's.

Acid. muriat. conc		5.0
Æther		
Chloroformi		
Tinct. cannabis indicæ		
Tinct. capsici	āā	10.0
Morphiæ		
Acid hydrocyan	āā	2.0
Ol. menthæ pip		1.0
Syrupi		50.0
Tinct. hyoscyami		
Tinct. aconiti	āā	3.0

Mexican Hair Renewer.

By H. C. Callup, London. 1.0 gramme acetate of lead, 3.0 grammes lacsulphur, 32.0 grammes glycerine, and 165.0 grammes of water. —*American Analyst.*

Piso's Consumption Cure.

Editor MEDICAL WORLD:

The formula you published in Jan. number for Piso's Consumption Cure is incorrect, and if it will be of any use to you I send formula which will furnish a preparation identical with the genuine.

℞	Tr. tolu	℥	iii.
	Fl. ext. lobeliæ		
	Fl. ext. cannab. ind	aa ℥	ii.
	Morph. sulph	grs.	iv.
	Ant. et pot. tart	grs.	iv.
	Chloroformi	℥	i.
	Sp. menth. pip	gtts.	xxv.
	Aquæ	O	ss.
	Sach. alb	℥	xiv.

F. ALDEN TIFFT, PH. G.
21st & Norris Sts., Philad'a.

Dr. Pierce's Golden Medical Discovery.

℞	Fl. ext. cinchona	oz.	16
	Fl. ext. columbo	oz.	4
	Fl. ext. guaiac	oz.	8
	Fl. ext. liquorice	oz.	4
	Tinct. opium	oz.	1

M.

Bull's Blood Syrup.

℞	Iodide of potash	dr.	12
	Red iodide of mercury	gr.	2
	Tinct. of poke root	dr.	3
	Comp. syrup of styllingia	oz.	6
	Simple syrup, to make	pt.	1

M. —*National Druggist.*

Shiloh's Consumption Cure.

Supposed to be similar to the original formula:

℞—Hydrochlorate of morphine		grns.	3
	Hydrochloric acid	m	3
	Fluid extract of henbane	fl. drs.	2
	" " ginger	fl. drs.	3
	" " wild cherry	fl. drs.	3
	Diluted alcohol	fl. drs.	3
	Chloroform	fl. drs.	1
	Spirit of peppermint	m	30
	Syrup of tar	fl. ozs.	3
	Simple syrup, sufficient to make	fl. ozs.	8

Mix.

THE much advertised "Cuticura Ointment" has been found to consist of a base of petroleum jelly, colored green, perfumed with oil of bergamot and containing two per cent. of carbolic acid.—*Northwestern Lancet.*

Althoporus.

The composition of this mixture is substantially as follows:

Take of

℞	Sulphate of morphia	grs.	ij
	Fluid extract of colchicum seed		
	Fluid extract guaiac resin, of each	fl dr.	1
	Potassium salicylate, of each	dr.	1
	Dilute alcohol	oz.	½
	Syrup of squills, sufficient quantity to make 6 fluid ounces.		

Mix by applying gentle heat.

The syrup of squills should be prepared by digesting over night 180 grains of squill root in hot water sufficient to make an infusion, when strained, of 3 fluid ounces. In this is dissolved 8 ounces troy of sweet glucose by gentle heat. —*New Idea.*

Holloway's Pills.

℞	Aloes, powdered	gr.	36
	Jalap "		
	Ginger "		
	Myrrh " of each	gr.	18

Mix.

S. S. S. Swift's Specific.

There has been much speculation as to the exact nature of this remedy. In all probability, several of these conjectures are right, for these remedies frequently vary.

One authority says; "It is supposed that it is nothing more nor less than the Greek Indian Remedy. If not, the formula is: Fluid Extracts of Bamboo Briar, Stillingia, Burdock and Poke, each 16 parts; tincture of Southern Prickly Ash, 8 parts. This is the formula as given by Dr. Sims and published throughout the medical journals during the last two years."

Another, Dr. Cull, of Camilla, Georgia, says:

℞ Old man's gray-beard root (chionanthus virginica).. 1 bushel.
Prickly ash root..... 16 ounces.
White and red sumac root, of each 8 "
Sarsaparilla root..... 10 "
Sulphate of copper..... 8 drams.

Bruise the gray-beard and sumac roots and put them with the sarsaparilla in an iron pot sufficient to hold eight gallons of water, or cover the roots completely with the water. Cover the pot with pine tops and boil slowly until the liquid assumes the color of ink. Strain while warm, add the sulphate of copper and good Holland gin q. s. to prevent fermentation.

Sig.—One wineglassful four times a day.

Stearns' New Idea arrives at the conclusion that it is an aqueous extract, with enough alcohol to preserve, of stillingia, pokeroot and sarsaparilla, with nitrate of potash and a small quantity of iron. At all events, it is very cheap stuff, greatly overrated.

Ayer's Compound Sarsaparilla

contains about 2½ grains of iodide of potash to the ounce. A circular issued by the manufacturers claims the following formula:

Alcohol, extract of sarsaparilla and extract of yellow dock, 3 ozs. each; extract of stillingia, extract of mandrake, each 2 drams; sugar, 1 oz; iodide of potash, 1½ drams; iodide of iron, 10 grains. According to this formula, there should be about 10 grains iodide of potash to the ounce. It is also claimed that "all the virtue" is extracted from the drugs employed.

The Chicago *Druggist* repeats the last formula, but makes the amount of yellow dock and may-apple 2 ounces each instead of drams. This would reduce the proportion of iodide of potash to about 8 grains to the ounce. As the usual dose is five grains, the good accomplished by the iodide of potash—the most valuable drug in the preparation—is doubtful.

Ayer's Hair Vigor.

This is a plain solution of acetate of lead, containing only about 0.6 per cent of the salt.

Ayer's Ague Cure.

This, according to Churchill's analysis, is alleged to consist of a syrupy tincture of Peruvian bark with aromatics, each bottle holding six fluid ounces, and each fluid ounce containing 3.2 grains of amorphous cinchona alkaloids, 3 grains cinchonia, 0.7 grains cinchonidia, 0.8 grains quinia, and 1 grain of quinidia.

Sozodont.

This much advertised tooth wash consists of Soap, 5 parts; glycerine, 6 parts; spirits, 30 parts; water, 20 parts. Flavored with several cheap oils and colored. The accompanying toothpowder is a mixture of orris root, chalk and magnesia. Both are very dear at half the price.—*American Analyst.*

Tamar Inden.

According to the *Report de Pharmacie*, the formula for this preparation is as follows:

Tamarind pulp, 450: powd. sugar, 40; powd. sugar of milk, 60; pure glycerine, 50 (all parts). Mix and evaporate to the consistence of a soft extract, then add powd. anise, 10; essence lemon, 3; tartaric acid, 3 (all parts). Mix and divide into 100 boluses. Roll in the following mixture: Cream of tartar, 5; white sugar, 35; sugar of milk, 35; tragacanth, 2; tartaric acid, 2; powdered red sandal, 25 (all parts). Dry and put up in tin foil.—*American Druggist.*

Helmbold's Buchu.

Said to resemble the genuine.

Short buchu..... 9 ounces.
Uva ursi..... 4½ "
Licorice root..... 10 drams.

Macerate in 9 pints of boiling water, strain and add:

Caramel ..... 2 ounces.
Molasses ..... 8 "

Mix well and add:

Cubeb fluid extract..... 5 ounces.
Alcohol..... 2 pints.
Peppermint oil..... 1 ounce.
Water sufficient to make....12 pints.

—*Lillard's Prac. Hints and Formulæ.*

Enos' Fruit Salt.

Is a mixture of dry, powdered citric acid and soda bicarbonate, which effervesces and gives, upon addition of water a somewhat milky solution of alkaline reaction. Sixty grains crystal citric acid requiring for perfect neutralization 75 grains of commercial soda bicarbonate, 135 grains of Enos' Fruit Salt require, to make its solution perfectly neutral, an additional 5 grains of citric acid, establishing the composition of this preparation as soda bicarbonate, 325; powd. cryst. citric acid, 240 (parts by weight).—*American Anylist.*

Radway's Pills.

According to Hager:

Gamboge	0.5 grammes.
Aloes	2.0 "
Jalap	1.0 "
Some powder	0.6

Make 30 pills and sugar coat.

According to Cooley:

Aloes	4 parts.
Jalap	2 "
Ginger	2 "
Myrrh	2 "

Make into a mass with mucilage and divide into 2-grain pills, of which about four dozen are put into each box.

Brown's Iron Bitters.

Contains in each fluid dram:

Iron	1 grain.
Calisaya bark	2 grains.
Phosphorus	1-200 grain.
Coca	1 grain.
Viburnum prunifol	1 "

DR. RADCLIFF'S GREAT REMEDY.

SEVEN SEALS; OR, GOLDEN WONDER. (HAGER.)

℞ Ether	grs. 4
Chloroform	grs. 6
Camphor or camphoraceous oil	grs. 4
Oil of Peppermint	grs. 2
Tincture of capsicum	grs. 35
Alcohol (90 per cent)	grs. 50

These proportions are approximate.

This preparation is recommended for "cholera morbus, rheumatism, warts, corns, and all diseases."

CLARK'S BLOOD MIXTURE.

℞ Iodide of potassium	grs. 64
Chloric ether	ʒ 4
Liquor potassa	drops 30
Water	ʒ 7½

Burnt sugar sufficient to color.

The chloric ether here mentioned is made by dissolving one part by weight of chloroform in nineteen parts by volume of alcohol.

Editor MEDICAL WORLD:

I send the formula of the celebrated "Simmon's Liver Regulator" as given some time ago in a medical monthly in Georgia. As I have also tried the original Simmon's Liver Regulator upon myself, and that which I manufactured from this formula, I know of what I speak when I say they have the same effect.

SIMMON'S LIVER REGULATOR.

℞ Virginia snake root	ʒ j
Senna leaves	ʒ ij

Put these in a quart of boiling water, simmer over a fire awhile, and, when cool, add:

Alcohol, or (better) good whiskey	O ss

Strain and bottle. Sig.—Tablespoonful three times a day.

If it acts too much reduce the quantity until only one move is had a day.

Tower Hill, Va. J. RANDOLPH, M. D.

The following is another formula for

SIMMON'S LIVER REGULATOR.

℞ Hepaticæ	
Leptandræ	
Serpentariæ	āā ʒ j
Sennæ	ʒ iss

M.

Put the ingredients into 2½ pints of boiling water. Let stand 18 hours, then strain. Add half pint of good whiskey.

New Remedies.

HOP BITTERS.

The following is said to be the formula:

℞ Tinct. of hops	ʒ ½
Tinct. of buchu	ʒ 3
Tinct. of senega	ʒ 3
Podophyllin (dissolved in spirits of wine)	gr. 10
Tinct. of cochineal	drops 20

Sufficient distilled water to make one pint.

Mix. Cost about 10 cents. Retail price $1.00.

"DOUBLE CHLORIDE OF GOLD."

For drunkenness and the opium habit. The composition is said to be as follows:

℞ Chloride of ammonium	gr. 1
Aloin	gr. 2
Compound tincture of cinchona	fl. ʒ 3
Water sufficient to make	fl. ʒ 4

SAGE'S CATARRH REMEDY (HAGER.)

℞ Powdered golden seal	5 parts.
Indigo	½ part.
Powdered camphor, carbolic acid, of each	2 parts.
Common salt	50 parts.

Mix.

ANOTHER.

DR. SAGE'S CATARRH REMEDY.—According to Schœdler, this is a mixture of 20 parts of common salt, one part each of camphor and carbolic acid. It is to be dissolved in water and injected or snuffed up the nose.

DR. PIERCE'S FAVORITE PRESCRIPTION.

℞ Savin	grams 10
Agaric	grams 5
Cinnamon	grams 5
Peruvian bark	grams 10
Make a decoction of	220 grams.

Then take

Gum arabic	grams 10
Sugar	grams 5
Tincture of digitalis	grams 2
Tincture of opium	grams 2
Oil of anise	drops 8
Dissolve in alcohol	grams 45

Add this to the decoction.

(NOTE.—One gram equals 15½ grains.)

COE'S DYSPEPSIA CURE.

℞

Powdered rhubarb	℥ 2
Fluid extract of gentian	℥ 3
Peppermint water	℥ 7½
Bicarbonate of sodium	℥ 6

Mix. Dose.—A teaspoonful half an hour before meals.

DR. PIERCE'S GOLDEN MEDICAL DISCOVERY. (NELSON.)

℞

Fl. ex. of cinchona	℥ 16
Fl. ex. of columbo	℥ 4
Fl. ex. of guaiac	℥ 8
Fl. ex. of licorice	℥ 4
Tincture of opium	℥ 1
Podophyllin (resinoid)	℥ 2
Glycerine	pts. 6
Alcohol sufficient to dissolve the podophyllin.	

Dissolve the podophylin in the alcohol, and then add the other ingredients. Dose.—A teaspoonful.

THOMPSONS EYE WATER.

℞

Sulphate of copper	grs. 10
Sulphate of zinc	grs. 40
Tincture of saffron	℥ 4
Tincture of camphor	℥ 4
Rose water	pts. 2

Mix and filter.

AYER'S SARSAPARILLA.

℞

Fl. ex. of sarsaparilla	℥ 3
Fl. ex. of stillingia	℥ 3
Fl. ex. of yellow dock	℥ 2
Fl. ex. of may apple	℥ 2
Sugar	℥ 1
Iodide of potassium	gr. 90
Iodide of iron	gr. 10

Mix.

Hager gives the following formula for—

BRANDETH'S PILLS.

℞

Powdered podophyllin	gr. x
Extract of podophyllin	gr. x
Poke berry juice (inspissated)	gr. xxx
Saffron	gr. x
Cloves	gr. xv
Oil of peppermint	gtt. iij

Mix. Divide into 30 pills.

LAXATIVE FRUIT LOZENGES.

℞

Aqueous extract of senna deprived of its resin	40 parts
Pulp of cassia fistula	20 parts
Tamarind pulp	5 parts
Extract of licorice, Spanish	4 parts
Resin of scammony	4 parts
Sugar (and tartaric acid)	49 parts

Make into large oval lozenges of 82 grains each, which are dipped into melted chocolate and afterwards covered with a crystalline coat of pure cane sugar.

[For formulæ of other patent medicines, see January and February numbers; also, November and December numbers, all of which we can supply. We do not suppose that physicians will wish to use these formulæ, but we believe that they have a right to know them.]

"Official Formulæ of American Hospitals."

The New England *Medical Monthly* says of it: "It is very complete. * * * Well worth the price."

The *Medical Bulletin* says: "Contains the formulæ which are most frequently employed in the principal American hospitals. It has been carefully compiled by Dr. C. F. Taylor, and will be found to be a useful pocket companion."

The Peoria *Medical Monthly* says: "The pharmacopœias of the various large hospitals of this country must contain much that is of well proven value, and their formulæ cannot fail to furnish many useful hints for private practice. Dr. Taylor has done a good work in collecting them into an available shape."

The *College and Clinical Record* says: "A book of practically useful prescriptions, which have been found by experience to be adapted to various morbid conditions. Of course, the cases therein treated represent those which the practitioner meets with in his daily routine of active professional life, and the prescriptions are. therefore, of equal utility to him."

The *Policlinic* says: "These are mostly the prescriptions of eminent physicians, and are a valuable guide in the combination of remedies."

The *Medical and Surgical Reporter* says: "These are combinations which a wide experience has shown to be useful."

The *National Druggist* says: "The book contains 238 pages of useful information, and we recommend it to both the medical and pharmaceutical professions."

The *Physicians' and Surgeons' Investigator* says: "It contains recipes which are certainly invaluable, and will aid many physicians to successfully prescribe for their sick where they

might otherwise fail. The author deserves great credit for his zeal and extraordinary efforts, as it is a compilation of all the recipes from all the larger and many smaller hospitals. * * * The work contains 238 pages, and can be carried in the pocket."

The Kansas City *Medical Index* says: "It contains more than one thousand prescriptions used in daily practice in the leading hospitals of America, combinations of drugs as formulated by the most eminent physicians and surgeons (Gross, Flint, Bartholow, Davis and scores of others of equal celebrity). * * * It is a book which will undoubtedly have an immense sale since it is just what thousands of doctors *desire*."

The first edition is already nearly exhausted.

A Few Selections from our Immense Correspondence.

Dr. C. Q. Shull, of Montpelier, Ind., writes: "I received the February number of THE MEDICAL WORLD, and after careful perusal find that I cannot do without it. I have also induced two of my medical brethren to subscribe. Enclosed please find three dollars."

Dr. J. T. Coveny, of Argus, Iowa, writes: "I fell in love with THE WORLD at first sight, and now would not be content without its company. I like it better than any journal I take, and am surprised that I did without it so long."

Dr. W. G. M. Seiple, of Lehighton, Pa., writes: "One article in the January number is worth the subscription price for several years. I take nine medical journals with this one."

Dr. M. M. Brown, of Syracuse, N. Y., writes: "The February number is a grand good one. I am more and more delighted with THE WORLD."

Dr. H. E. Harrington, of Bertrand, Neb., writes: "I consider each number worth the price of a year's subscription."

Dr. J. O. Nellis, of Herkimer, N. J., writes: "I think of *all* the medical journals I ever saw, THE MEDICAL WORLD stands at the *head*. I would not be without it for *ten times* the price."

Dr. Geo. W. Flagg, of Kent, N. H., writes: "I did not intend to go without THE WORLD. Am lonesome without it. I enclose subscription. It is refreshing and surprising to have a journal stop promptly at the end of subscription."

Dr. O. M. Keys, of Dana, Ind., writes: "I am a subscriber to seven medical journals and I like THE WORLD *best* of *all*."

Dr. I. R. Riddle, of Mt. Pleasant, Texas, writes: "I have been practising medicine thirty years; advancing age and declining health, force me to place a limit on my work, but if the January number of THE MEDICAL WORLD is a true representative of what is to come, I shall feel that I have got the best of the wine at the last of the feast. I have subscribed for and read many journals, but this is the most practical of all."

Dr. Jas. McMorris, of Belle Plain, Iowa, writes: "I received THE MEDICAL WORLD last evening and read it through without laying it down. My only regret is that is not a weekly instead of a monthly, it is so interesting. Best wishes for the success of your gem of a journal."

DR. D. B. VAN WAGENER, of Closter, N. J., writes: "I find THE MEDICAL WORLD a necessity."

DR. S. H. SINGLETON, of Wise, Ark., writes: "I am anxious to get every issue, as I think it contains the cream of practical medicine."

DR. W. W. SCOTT, of Cedar Springs, Va., writes: "It is a perfect gem. I think *no* physician can afford to do without it for ten times its cost."

DR. L. H. MCSWAIN, of Emmett, Ark., writes: "I find THE MEDICAL WORLD to be the best medical journal I ever saw. I don't see how you can get it up for the price."

We clip the following from the Albany *Sunday Press*:—

"The Philadelphia *Medical World* is a remarkable medical journal in that it is one of the cheapest published and at the same time of the greatest practical value. A large share of it is devoted to the tersely expressed opinions of physicians on different diseases, and it is one of the most 'usable,' therapeutically, a doctor can have in his hands, and interesting to laymen as well."

Description of the New Continuous Flow "Alpha" Syringe.

A new syringe, which is attracting the attention of all the leading medical men, has recently been patented, and promises to revolution the syringe trade, as it entirely obviates the intermittent action of pump syringes, and produces a steady continuous flow, either gentle or strong, at the easy control of the user.

It is apparent that a practical syringe, producing a continuous flow and constructed simply, with no more parts than the ordinary instrument possesses, certainly obviates many serious and oftentimes dangerous faults existing in the well known intermittent acting syringe.

All intermittent bulb syringes act only while the liquid is being squeezed out of the bulb, the flow through the injection nozzle ceasing while the bulb is expanding. More or less air is, therefore, invariably drawn back into the syringe while the valve is seating, or oftener through a disorder of the outlet valve; and the expulsion of this air is frequently painful, and sometimes dangerous to the patient. The fecalized fluids of the rectum are also drawn back into the tubes from the same causes, rendering an intermittent syringe offensive.

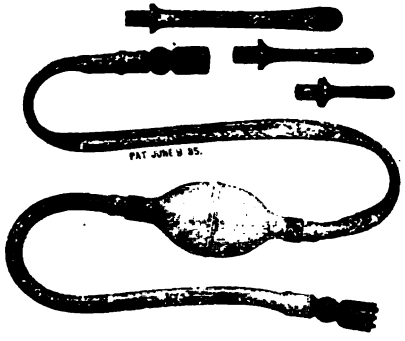
The clumsy water-bag syringe, while partly obviating

some of these faults, has the very serious objection of possessing no means of increasing or diminishing the flow should it be necessary, as in the case of hardened feces in the rectum, etc.

For many years the medical profession have called for a substantial improvement in the syringe, which was each year becoming a more important factor in the treatment of various diseases, and, in fact, is now considered indispensable in every household.

A syringe was required which would not allow the admission and consequent dangerous injection of air, and with which the flow could be increased or lessened at will, which would not act painfully, spasmodic or intermittent, but be continuous, soothing and agreeable in action; which would not allow fecalized fluids to flow back into the tubes, but always remain clean and efficient, and with all be so simple in construction that a child could operate it.

These requirements are all fulfilled in the "Alpha" Continuous Flow Syringe.



From a casual glance at our illustration it may appear that we have only pictured the well-known elastic bulb syringe, used by every physician and in nearly every family. A closer inspection, however, shows a simple change in the formation of the rubber outlet tube, which completely changes the action of the instrument. This tube is made of very fine rubber, vulcanized in a corrugated or folded form, so as to contract its capacity and allow expansion, and when expanded it is only slightly larger than the ordinary round tube.

When the bulb is compressed in the usual manner, the liquid flows into and expands this tube into a temporary reservoir and the elastic tendency of the rubber to regain its dormant shape assists the action of the syringe, and keeps up the flow while the bulb is expanding and refilling.

The flow is therefore not only continuous but can be either gentle or strong, or checked at once at the easy control of the user.

These expansible corrugated outlet tubes are made of pure Para India rubber, and as an evidence of their durability. Messrs. Parker, Stearns & Co., of New York City, the manufacturers, keep two "Alpha" syringes, which have been daily in constant use, testing with water all the injection tubes sold with the "Alpha" syringes during the past three months, averaging 720 syringes per day, three pipes each, or 2,160 pipes tested each day. The tube is expanded three times to each pipe; allow 78 days, and these two regular Alpha syringes have been used over one-half a million times within three months, and they are in perfect working order and will evidently continue so for years.

The Alpha syringes were so named because they were the *"first"* and only practical continuous flow bulb syringes, and are the acknowledged *"chief"* and most popular syringe known for medical and family use.

These syringes are made with several styles of hard rubber and pure block tin pipes and fittings, the different kinds being designated *alphabetically*, as Alpha A, Alpha B, etc.

BRIEF CLAIMS FOR THE ALPHA E SYRINGE.

Continuous flow, either gentle or strong. Positively no injection of air. No fecal matter can be drawn back into the tubes. Pure hard rubber pipes, the best non-conductor, All valves secured and cannot be lost. No screw threads on this syringe, therefore it cannot leak. Noiseless and non-corrosive sinker. Easy to operate with thumb and finger. The cleanest and most durable for family use. Efficiency amd quality of material guaranteed.

"CON. TINC. AVENA SATIVA IN OPIUM ADDICTION."

"A Therapeutical Fraud, a Delusion and a Snare." (See "Medical Bulletin," October 15th, 1885.)

Then Read the Following Letter from Dr. Cottrell, who does not keep an Asylum or Home for Treatment of the Habit.

WHITESVILLE, ALLEGHANY CO., N. Y., January 18th, 1886.

B. KEITH & CO., 75 William Street. N. Y.:

My second case of *Opium Addiction cured* by the use of *Con. Tinc. Avena Sativa*, I have now to report. Am intimately acquainted with party. Male., aged 38. Dentist by profession. Been addicted to habit 11 years. Had lately used one ounce gum opium per week. Treatment commenced Nov. 16th, 1885, by his attempt to leave off use of all opium at once, and taking 30 drops *Con. Tinc. Avena Sativa* every four hours. He stood it pretty well for 60 hours, but at that time his sufferings were very great (result of stopping the opium entirely at first, against my advice). I then gave him 15 grs. opium, (the first in 60 hours) and increased the Avena to 40 drops every two hours. I also ordered opium in diminished doses *once* every 24 hours for five days, the largest being 10 grains, and the smallest 1 grain. He improved at once under this treatment. Of course I *increased* the

Avena as I *decreased* the opium, and on the eighth day, the day of taking the one grain of opium, he was taking one teaspoonful of Avena every two hours, which he continued for three days, then began decreasing dose and lengthening interval. Twelve days after commencing treatment the patient's father was attacked with angina pectoris, the attack lasting 34 hours and resutling in death. The patient was able to devote his constant attention day and night to his suffering parent. The second night of watching he became so nervous that I administered 10 grains of opium, which was of great benefit to him. Also same quantity on day of funeral, which was the last taken for about a week, at which time he took 18 drops tinct. opium with tannic acid to check a diarrhœa. He has not taken a dose of opium since, and in five weeks from commencement of treatment he was able to do a full days work in his office, and has continued to do so ever since. His bowels are not yet as regular as they should be, being rather loose every other day, but are rapidly returning to their normal condition. In four weeks after he commenced treatment he had gained 28 pounds in weight. Yours very truly,

A. W. Cottrell, M. D.

SPECIAL.

A Seeming Miracle.—The age of seeming miracles has not passed. The conversion of a lump of iron into a bed of downy softness seems in the highest degree impossible; yet the Weston & Wells Manufacturing Company, of 1017 Chestnut street, this city, have accomplished this. Their wire matresses, pillows and upholstery are a marvel of softness and elasticity—beyond belief until seen. In hot weather they combine coolness and thorough ventilation beneath, with softness. What can be more delightful? And what can be more beneficial to invalids and infants in summer? The covering of these mattresses and pillows can be removed and laundried, and the wire work itself can be thoroughly washed and disinfected. What an advantage! Keep the baby clean, cool and comfortable, and the hot season is robbed of its dangers. And what a comfort to fever-patients and bedridden invalids in hot weather. Then there are easy chairs upholstered in the same soft, cool way to sit in during convalescence. But one doesn't have to be sick to enjoy them. Full description with illustrations, etc., may be obtained by addressing the above named firm, and mentioning this journal.

Read Dr Hayden's new adv. Be sure to send for a copy of the last edition of his book.

Read the adv. of Dr McArthur's hypophosphites Cling to that which has been tried and found good.

You want to find out all you can about cocoa and its preparations. Then send to the Quchna Cocoa Co, Box 105, Station W., Brooklyn, N. Y., for circulars and sample of "Erythroxylin." It is a delightful volatile principle of cocoa, and has many medicinal virtues. See advertisement.

If you want to "get on to" something entirely new, send to Wm. F. Kidder & Co., 83 John St., New York, for a sample of Kidder's "Crust Pepsin."

Dr. S. W. McClure of Newell, Ky., writes to Dr. D. B. Bunn, of Randal, Ark., as follows; "Have been using your supporter for some time. It is the best I ever saw. Inclosed find $1.64 for another."

Read the new advertisment of the Antiseptic and Antilithic compounds, Listerine and Lithiated Hydrangea, and write to the Lambert Pharmacal Co., St. Louis, for new illustrated Formula Book showing the best methods for their employment.

See advertisment of vest pocket scales.

You have patients who cannot drink tea or coffee. They need "New Era Coffee," which is not coffee, but made from wheat, and is non-stimulating. A sample and circular will be sent free to physicians who read The Medical World. Address Wright & Rich, 167 Chambers St., New York. See advertisment.

See adv. of "The Lady's Syringe." A sample will be sent on receipt of $2. Try it.

Send to H. Planter & Son, 224 William St., New York, for samples of capsules.

If you are not already acquainted with Magee's emulsion of cod-liver oil with malt and the hypophosphites, send immediately for pamphlet and sample. See adv.

Read Pomeroy Truss Co.'s adv. A new article will appear next month. Notice it.

Use Dr. Hofmann's pessary.

A sample Barry's thermometer, by mail, to you for $1.25.

The list of hypodermic pellets of Wm. R. Warner & Co., is already large, but they are further enlarging and perfecting it. Write to them for any information concerning preparations for hypodermic medication.

See adv. of "Ominico." It is an elegant and very useful preparation. To readers of this journal who really wish to test the value of "Ominico," a *ten-ounce* sample will be sent free of *all* expense.

If you have not tested the merits of "Oleo-Chyle," a sample bottle for this purpose will be sent free of all expense if you mention, The Medical World. See adv. on title page.

Messrs Griffith & Co., chemists and druggists, 146 Second Avenue, corner Ninth, New York, deserve considerable credit for the manner in which they protect the physicians from "repeats" when they prescribe their Compound Mixture of Guaiac, Stillingia, &c. See other advertisment. They will send, upon receipt of one dollar, express charges prepaid, a regular size bottle. Physicians

PHILLIPS' PALATABLE COD-LIVER OIL.

EMULSION.

Presents the most minute division of the Oil Globules yet attained in an Emulsion. Is perfectly miscible with Milk, Water or other fluid in any proportion. Is easy of administration and readily assimilated. It contains 50 per cent. of highest grade Norway Cod-Liver Oil combined with the Wheat Phosphates.

Attention is also asked to

PHILLIPS' DIGESTIBLE COCOA

The fat of this Cocoa (usually the disturbing element) is herein digested by means of Pancreatin, so that, following the use of this Cocoa, one feels stimulated and buoyant, and altogether free from the heaviness, depression and headache, so common form the ordinary preparations of Cocoa and Chocolate.

A DELICIOUS BEVERAGE. NOURISHING TO A HIGH DEGREE. EASILY DIGESTED.

MILK OF MAGNESIA—An Antacid and Aperient.
WHEAT PHOSPHATES (Acid) } Nutrient Tonics.
HOSPHO-MURIATE of QUININE Comp. }

THE CHAS. H. PHILLIPS CHEMICAL CO.
30 PLATT STREET, NEW YORK.

THE CHART.
THE URINE IN DISEASE

has been most highly commended by the medical profession and medical press. It is now in use by many practitioners in all parts of the country, and in a majority of the Hospitals of this country. Tests for each abnormal ingredient, with specific gravity, reaction, quantity, character, remarks, therapeutic notes, etc., are shown at a glance.

PRICE, 50 CENTS.

"Worth double the Money."—*Therapeutic Gazette.*

"One wonders how so much practical knowledge can be made so easily accessible and condensed in so small a space."—Dr. T. B. Fowler, Cohocton, N. Y.

☞ *Those who send $2. $1 for THE MEDICAL WORLD and $1 for the book, "Official Formulæ of American Hospitals," will receive, GRATIS, upon request, a copy of the Chart. "The Urine in Disease." Send soon, before the Charts are all gone.*

Baker's Pure Norwegian Cod Liver Oil.

Established 1830.

Put up in our capsuled bottles with steel engraved label, Will always be found of unequalled quality, and sure to yield the most satisfactory result..

BARLETT'S PILE SUPPOSITORIES.

An Astringent and Balsam combined, in the most convenient form for application. Descriptive circulars and endorsements mailed on application. Boxes of 14 Suppositories, 75 cents, by mail, to physicians who mention this Journal.

BAKER'S EMULSION.

C. L. Oil with Hypo-phosphites. Made with our unequalled Norwegian Oil, rendering it by common consent the Best Emulsion in the market.

BAKER'S COD LIVER OIL, WITH EXTRACT OF MALT.

A combination of equal parts of these two potent remedies, in which the taste of oil is completely masked and rendered quite palatable.

The tonic and nutritive properties of both the Oil and Malt should recommend this article to universal favor.

KAIRIN AND ANTIPYRIN,
THE NEW FEBRIFUGES.

Both powerful agents, especially in cases of Pneumonia, Erysipelas, Consumption, Typhoid and Yellow Fever. No secondary effects; no chills. Antipyrin reduces high fever 5 to 7° within one or two hours and the low temperate maintained from 7 to 20 hours. ANTIPYRIN, an oxygenated alkaloid, is brought into commerce in form of the free base. It was prepared synthetically by Dr Knorr, of Munich, from the constituents of coal tar, etc. It forms a white, crystalline powder, which is very easily soluble in cold water. Dose, 15 to 30 grains; for children, 5 to 15 grains.

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FARBWERKE, formerly MEISTER, LUCIUS & BRUENING, HOCHST, O. M., GERMANY

LUTZ & MOVIUS, 15 WARREN STREET, NEW YORK, Sole Agents and Sole Licensees, U. S. A.

SEND FOR CIRCULARS.

OUR HOSPITALS

"Official Formulæ of American Hospitals." Neatly bound in Cloth; 238 pages. Price only $1. Published by

THE MEDICAL WORLD,

1520 Chestnut Street, Philadelphia, Pa.

Hospital Prescriptions.

In the December number of Gaillard's Medical Journal ("the monarch of monthlies") occurs the following review of "Official Formulæ of American Hospitals:"

"The author has gone to great pains in securing these formulæ from all the various hospitals throughout the country, and the resulting work, is, no doubt, as complete as it is possible to make such a collection. Among the hospitals from which they were obtained are the Hospitals of the University of Pennsylvania, the Episcopal Hospital, Philadelphia, the Philadelphia Hospital, the Pennsylvania Hospital, the children's Hospital, Philadelphia, the Jefferson College Hospital, Philadelphia, the New York Hospital, the Roosevelt Hospital, New York; Bellevue Hospital, New York; Charity Hospital and Insane Asylum, Blackwell's Island; Hart's Island Hospital; Infants' Hospital, Randall's Island; the Long Island College Hospital, Brooklyn; The Boston City Hospital; the Massachusetts General Hospital; the Chicago Marine Hospital; the Crook County Hospital, Chicago; the St. Louis City Hospital; the Cincinati Hospital; the Maryland Woman's Hospital; the United States Marine Hospital, San Francisco; and the United States Naval Hospital, Washington. As these formulæ are in actual use in these institutions, they are to be regarded as having been found by experience to be of special practical value. They contain, of course, many combinations of standard remedies, which have been handed down from former generations, and still hold a secure position, but, at the same time, as the collection has been made very recently, among them will be found many of the newer agents, which have only lately come into notice and yet are highly esteemed. As will be seen, the book is altogether a unique one, and while the author is careful to state that he has no admiration for physicians who blindly follow printed formulæ, he rightly judges that the study of the remedies and combinations found most valuable in our hospitals cannot fail to give many hints and suggestions in private practice. The demand for the work should be a large one."

Dated, _____ 188

EDITOR OF "**THE MEDICAL WORLD**" 1520 CHESTNUT ST., PHILADELPHIA:

Please send me "THE MEDICAL WORLD" for one year "Official Formula of American Hospitals," and the chart, "Urine in Diseases, for which I enclose **TWO DOLLARS.**

Name, (write plainly.) _____

Town, (if City, street and number.) _____

County, _____ State, _____

The number for **March** has been received. (Subscription can begin with January.)

(See adv. of Ready Binder on another page. Price ten cents.)

The January and February numbers can be supplied. Do not fail to get the Index of Hypodermic Treatment," in January number. Very valuable. The Nov. and Dec. Nos. 1885, can be supplied. Also a *few* other back numbers. Price ten cents each. July, Sept. and Oct. Nos. 1885, *cannot* be supplied.

NOTE.—Do not send Postage Stamps. Money sent by P. O. Money Order or Registered Letter will be at our risk. It is generally safe to send money in an ordinary letter, if carefully and properly directed, *but this will be at the sender's risk*

who have a stubborn case of rheumatism on hand, and about to abandon it, will do well to try a bottle of this mixture before doing so. We have personally seen a number of letters from M. D.'s speaking very highly of it.

OMINICO.—Read adv. and send for sample. It is a delightfully pleasant antiseptic.

WHILE the cold weather is "on" send for sample of Oleo-chyle.

THE N. Y. Pharmacal Association will be pleased to send you a sample of Lactopeptine, if you will send them your address, but always mention WORLD. 84 West Broadway, New York.

SAMPLES of Scott's Emulsion and Buck-Thorn Cordial will be sent free to readers of this journal, upon request. See adv.

ELECTRICITY was used entirely by quacks until the profession took it up and put it on a scientific basis. Oxygen is now going through the same history. Regular physicians are beginning to use it with great advantage. For information, circulars, etc., concerning the production and uses of oxygen, address Chas. Beseler, 218 Centre Street, New York.

THE proper and successful nourishment of consumptives has long been a problem. An emulsion of pure sweet cream with extract of malt is the best thing yet offered. See advertisment and write for circular to M. J. Breitenback, 61 Bowery, New York City.

BAKER'S Cod Liver Oil is always excellent, but this year it is unusually fine on account of the good condition of the fish. We know of its good qualities from experience. Try it. Send for pamphlet.

A FORMULA Book, showing the use of Listerine in all branches of medicine in which antiseptic treatment is followed, has just been completed, and will be forwarded to physicians upon request. Mention WORLD. Address Lambert Pharmacal Company, 116 Oline Street, St. Louis.

SEE advertisment of The Ready Binder.

THOSE who mention this journal will receive, free of cost, a sample of Rabuteau's Dragees of Iron, for trial. Address E. Fougera & Co., 30 North William Street, New York City.

READ carefully the testimonials in Messrs. Hastings & Garson's advertisment. We have seen the original letters from a very large number of physicians, from different parts of the country, who speak in the most favorable manner of the Uterine Supporters, as well as of other surgical appliances, of their manufacture.

SEE advertisment of Proctor's Pepsin, and send and get an ounce on terms mentioned, *for trial*. It is of more than officinal strength, it is *pepsin* (not peptone), and will not deteriorate by age. Try it.

HAVE you not had many patients with whom all would disagree? Syrups nauseate many stomachs. In such cases Kidder's *wine* of the hypophosphites should be used. To physicians who have not used wine of the hyyophosphites, hydroleine and digestilin, a regular sized bottle will be sent if recipient is willing to pay charges. See advertisment on page 111. Address, Wm. F. Kidder & Co., 83 John Street, New York City.

THREE valuable pamphlets on cocaine have been published by Messrs. Parkes, Davis & Co, of Detroit, Mich. They will be sent free on application to readers of THE WORLD.

IT is claimed that Lactated Food is a perfect food for infants. A regular package for trial will be mailed free to readers of THE MEDICAL WORLD. Address Wells & Richardson Co., Burlington, Vt.

IN writing to Messrs. Parke, Davis & Co., for literature samples, etc., always mention THE MEDICAL WORLD. See their advertisment on the last page.

To readers of this journal a detailed list of soft and hard capsules will be sent free. Physicians, please specify "Gedney's" when ordering or prescribing. Address I. H. Gedney, 203 East 88th Street, New York City.

ONE of the main objections to electricity in practice, especially country practice, has been the inconvenience of a large and heavy battery. This is completely overcome by the compact and powerful pocket battery of Messrs. Smith and Shaw, 168 W. Thirty-fourth Street, New York City. The price is *very* reasonable. Send for descriptive circulars, and mention THE WORLD.

SEE advertisment of the new preparation, Fucus Marina, and send for sample, which will be sent free, if you mention this journal.

SEND a postal to B. Keith & Co., 75 William Street, New York, for their revised and enlarged Manual, which will be mailed free if THE WORLD is mentioned.

WHEN writing to Messrs. Wm. R. Warner & Co, for information or literature regarding ingluvin, parvules, pills, etc., or when ordering goods or requesting samples, always mention THE MEDICAL WORLD. Notice the advertisment of hydrobromate of caffeine.

SUFFICIENT Celerina, Acid Mannate, Pinus Canadensis and Aletris Cordial to fully test their merits, will be sent free to those who are willing to pay express charges. Address the Rio Chemical Company, 113-15 Locust St., St. Louis, Mo. and mention this journal.

IF you want a good pocket case write to Wm. R. Warner & Co. They will sell you an excellent case, filled with parvules, for the price of the parvules alone, in order to still further introduce the parvules. The cases are first-class in every particular. You will not be disapointed in the case nor the parvules. Write for particulars, and for samples of parvules.

SEND a postal card to Wm. Snowden, 7 South Eleventh Street, Philadelphia, and get a card of surgeons' pure iron-dyed silk free if THE WORLD is mentioned. Also catalogue of surgical instruments.

SEND your address on a postal card to the N. Y. Pharmaceutical Co., Bedford Springs, Mass., and you will receive an illustrative Hand-Book of treatment, formulæ, etc., free.

SEE prices and *discounts* to physicians of the Improved Elastic Truss Co., in advertisement.

NOW if you want something new in the way of a thermometer, examine the claims of the "Farny." (See adv.) The "Farny" hypodermic syringe is the neatest and most compact and complete on the market. Seeing it once will convince you of this. The manufacturers, F. A. Reichardt & Co, carry a full and complete line of phy-

sician's supplies. Send for a catalogue. Their soft rubber catheters are superior to any heretofore made They are as smooth and soft as velvet. Send 75 cents for a sample

WRITE for Dr. Staufer's catalogue of uterine supporters and examining instruments.

WRITE to Wm S. Merrel Chemical Co., Cincinnati, for treatise on "Green Drug Fluid Extracts—Their Origin, History and Rationale" sent free.

AMONG the many preparations of coca now upon the market, do not fail to acquaint yourself with the superior claims of Lewellyn's "Tonic Coca Wine." (See adv.) The effect of this wine is *not* from excess of alcohol, but from the excellent quality and liberal quantity of coca leaves used in its preparation. The fact that it contains no sugar gives it many therapeutic advantages.

REALIZE the advantage of having a spray producer in your office, read adv., of Shaw & Geary's pump, send for circular and pamphlets, then you will be ready to order one.

'GRAINLET." Breakfast Cereal. *Very* nourishing, wholesome and nutritious. Cooks in five minutes; *splendid* childrens' food Free sample to physicians. Grainlet Co., 119 West St., N. Y.

DR. I. A. LOVELAND, of Gilsum, N. H., receives cases of mental and nervous diseases.

Notice.

If you write to the following firms *and mention* THE MEDICAL WORLD, samples, with circulars, etc., will be sent to you:

WM. R. Warner & Co., 1220 Market Street, Philadelphia. Pocket visiting records, formulary books, prescription blanks and specimens of pills, granules or parvules for trial of solubility.

GEO. W. Laird & Co., 39 Barclay St, N. Y. Oleochyle.

WM. F. Kidder & Co., 83 John St., N. Y. Kidder's Crust Pepsin. Also a full bottle of Wine of Hypophosphites, Digestalin or Hydroleine, if you will pay carriage.

FARWELL & Rhines, Watertown, N. Y. Gluten flour. Six pounds free if you will pay carriage.

H. PLANTEN & Son, 224 William St., N. Y. Capsules.

WELLS & Richardson Co, Burlington, Vt. Lacted food. A regular sized package free by mail if you will agree to give it a careful trial.

E. FOUGERA & Co, 30 N. William St, N. Y. Rabiteau's Dragees and other specialties.

S. W. NEUER & Co, 10 Cedar St. N. Y. Ominico.

CHAPMAN, Green & Co, Chicago. Half pound Peptonized Beef, if you will pay express charges.

WM. Procter Jr., Cor. 9th and Lombard Sts, Philad'a. A sample *ounce* of Procter's Pure Pepsin on receipt of 35 cents

RIO Chemical Co., St. Louis. Large samples of their preparations if you will pay express charges.

PEACOCK Chemical Co, St. Louis Peacock's Bromides and Fucus Mariana. Express charges may be required.

J. A. MAGEE & Co., Lawrence, Mass. Magee's Emulsion.

PARKE, Davis & Co., Detroit, Mich Pamphlets and circulars, and samples of various preparations.

READ & Carnrick, cor. Hudson and Harrison, Sts, N. Y. Various food products.

WRIGHT & Rich, 167 Chambers St., N. Y. New Era Coffee.

(See advs of above firms in our pages.)

BATTLE & Co, St. Louis. Bromidia, Iodia, and Papine.

HALL & Baily, Cincinnati. Vaginal capsules. (on receipt of four cents for postage)

FRAZER & Co, 208 Fifth Ave, N. Y. Tablet triturates.

WOOLRICH & Co., Palmer Mass. Ridges Food.

ROB'T Shoemaker & Co, cor 4th and Race Sts., Philadelphia. Johnston's Beef Extract.

N. Y. Pharmacal Association, Box 1574, N. Y. Lactopeptine.

GRAINLET Co., 119 West St, N. Y. Grainlet.

TSCHEPPE & Schur, 1010 Third Ave, N. Y. Leube-Rosenthal's Beef Solution.

DOLIBER, Goodale & Co., Boston. Mellin's Food.

THOS. Leeming & Co., 18 College place, N. Y. Nestle's Milk Food.

DR Jensen, 2039 Green St., Philadelphia. Crystal Pepsin Tablets.

C. H. PHILLIPS, 30 Platt St, N. Y. Digestible Cocoa.

C. N. CRITTENTON, 115 Fulton St., N. Y. Medicated soaps and other specialties

J. J. KELLER & Co. 39 Beaner St, N. Y. Dr. Kochs' Meat Peptones. either in jellied form or tablets

Girondin Disinfecting Co., 185 Fifth Avenue, N. Y. Girondin Disinfectant.

ANGLO-Swiss Condensed Milk Co., Box 3773, N. Y. Anglo-Swiss Milk Food.

JNO. Wyeth & Bro, 1414 Walnut St, Philadelphia. Compressed pills and other preparations.

H. B. PLATT, 36 Platt St, N. Y. Platt's Chlorides.

FAIRCHILD Bros & Foster, 84 Fulton St, N. Y. Pepsin and other digestive ferments

MALTINE M'f'g Co., 182 Fulton St, N. Y. Maltine and maltine compounds. A full bottle of the plain or any of the compounds free if you will pay express charges.

FOR information concerning instruments, appliances, etc., such as Pomeroy Truss Co's goods, trusses batteries, thermometers, scales pessaries, syringes, oxygen apparatus, etc., of which samples cannot be sent, see advertisments in our pages and send postal card for pamphlets, circulars, etc.

THE MEDICAL WORLD.

The knowledge that a man can use is the only real knowledge; the only knowledge that has life and growth in it and converts itself into practical power. The rest hangs like dust about the brain, or dries like raindrops off the stones.—FROUDE.

The Medical World.

Subscription to any part of the United States and Canada, ONE DOLLAR per year. To England and the British Colonies FIVE SHILLINGS per year. Postage free.

These rates must be paid *invariably in advance.*

Notice is given on the wrapper when your subscription expires. You are invited to renew promptly, when this notice is given. This is necessary if you wish to continue to receive THE WORLD, as it is sent only as long as paid for.

We cannot always supply back numbers. Should a number fail to reach a subscriber, we will supply another, if notified before the end of the month.

C. F. TAYLOR, M. D., EDITOR AND PUBLISHER.

LOUIS LEWIS, M. D., M, R. C. S. (ENG.), ASSOCIATE EDITOR.

ADDRESS ALL COMMUNICATIONS TO

"THE MEDICAL WORLD,"

1520-1522 Chestnut Street,

PHILADELPHIA, PA.

VOL. IV APRIL, 1886. NO. 4.

CITY OF PHILADELPHIA:

Personally appeared before me, the subscriber, George W. Clement, Notary Public, of the said city, George F. Lasher, who being duly sworn according to law, doth depose and say, that the deponent has printed and bound for Dr. C. F Taylor, publisher, twenty thousand one hundred and sixty (20,160) copies of the MEDICAL WORLD, for March, 1886, and further deponent saith not.

GEORGE F. LASHER.

Sworn and subscribed to before me, this 23d day of March, A. D., 1886.

GEORGE W. CLEMENT,

OFFICE, 23 N. Juniper St. *Notary Public.*

{SEAL}

☞ Pay no money to agents for this journal unless publisher's receipt is given.

Our largely increased editions, with consequent increase of business duties of every kind, have caused some delay in our issues during the past few months. We are arranging to meet the increased demand and hope soon to be able to issue on or about the first of each month. We will take this opportunity to express thanks for the greatly increased appreciation of our efforts.

Death of Dr. Flint.

The recent and sudden death of Dr. Austin Flint is peculiarly unfortunate just at this time. By the choice of all factions in this country, he was chosen to preside at the coming International Congress, and this selection gave universal satisfaction on the other side of the Atlantic. But aside from this consideration, America has lost her medical giant. None occupied so prominent a position in the profession as he, and this was conceded with a unanimity seldom witnessed. As a writer, he has left the impress of his work indelibly upon the profession; as a teacher, he instilled into his hearers sound but progressive doctrines; as a practitioner, he was all that that word implies in its highest and completest sense. He was universally loved and his loss is universally mourned.

Hydrochloric Acid Externally for Biliousness.

In temporary "bilious attacks" and other derangements of the liver, and in that form of jaundice which occurs so frequently in the summer time, unconnected with organic disease, nothing is more effectual than the local application of a cloth steeped in equal parts of strong hydrochloric acid and water, applied for half an hour at a time. This counter-irritation quickly relieves the pain, sense of feeling and malaise in the hepatic region; and it is of essential service in actual jaundice of a more pronounced type. This treatment appears to cause contraction of the gall bladder and biliary ducts, and also acts freely on the intestines.

A common case of temporary jaundice is closure of the hepatic duct, either in consequence of an accumulation of inspissated mucous forming a plug, or muscular spasm and contraction at the lower portion, where it enters the duodenum. If a mucous plug be the cause the condition must continue until it softens and breaks down.

Protracted Treatment.

Chronic diseases calling for the use of mercury, iodide of potassium, iodide of iron, and cod liver oil, have to be treated for a long period of time, before their beneficial effects are realized, though the disturbances or derangements requiring their employment may have been effected very quickly. The course of the nutritive processes has to be changed for a considable time, and the alteration must necessarily be very slow.

INDEX OF TREATMENT.

[In this index the diseases are taken alphabetically, and prescriptions embodying the latest and best treatment for each disease is given. The index will be continued from month to month until the catalogue of diseases is exhausted. Began in March number.—L. L.]

Anæmia.

℞ Ferri sulphat exsic.....gr. 48
Ext. belladonnæ.....gr. vj
M.—Divide into 24 pills.
One twice daily.

℞ Ferri sulphat.....gr. xij
Magnes. sulphat.....ʒ iss
Acid sulph. dil.....fʒ j
Aq. menth. pip. ad.....fʒ vj
A sixth part three times daily.

℞ Potass. bromide.....ʒ j
Ferri et ammon. citratis.....ʒ ss
Sp. ammon. arom.....fʒ j
Aq ad.....fʒ vj
One sixth part three times daily.
(In anæmia with nervousness.)

℞ Liq. arsenicalis.....fʒ ss
Tinct. ferri perchloridi.....fʒ j
Aq. dest. ad.....fʒ vj
One-sixth part three times daily.
(In progressive pernicious anæmia.)

℞ Ferri phosphat.....ʒ ss
Calcis phosphat.....ʒ ss
Calcis carbonat.....ʒ ss
M.—Divide into 15 powders. One three times a day.
(In anæmia of growing children and child-bearing women.)

℞ Quiniæ sulphat.....
Ferri sulphat.....āā gr. xij
Liq. strychniæ (P. B.).....fʒ ss
Acid sulph. arom.....fʒ jss
Tinct. quassiæ ad.....fʒ viij
One sixth part three times a day.

℞ Tinct. quiniæ.....fʒ j
Liq. arsenicalis.....♏ xx
Ferri et ammon. citratis.....gr. xxx
Aq. aurant ad.....fʒ viij
One sixth part after each meal.

℞ Syr. ferri iodidi.....
Glycerini.....āā fʒ ij
M.—One teaspoonful four times a day.

℞ Ferri phosphat.....ʒ ij
Magnesii phosphat.....ʒ jss
Tinct. columbæ.....fʒ j
Syr. zingiberis.....fʒ ij
M.—One tablespoonful in water three times a day.

℞ Ferri redacti.....gr. xxx
Pil. aloes et myrrhæ.....gr xxx
Ext. nucis vomicæ.....gr. iv
M.—Divide into 12 pills. One three times a day.
(In anæmia with constipation.)

℞ Liq. strychniæ (P. B.).....fʒ ss
Liq. ferri perchloridi.....fʒ jss
Aq. chloroformi et aquæ. ad.....fʒ viij
One-sixth part three times daily.

Angina Pectoris.

℞ Amyli nitritis.....♏ xx
Sp. rect.....fʒ j
M.—Three to five drops on sugar, every four hours.

℞ Amyli nitritis, by inhalation, cautiously.

℞ Nitro-glycerine.....♏ j
Sp vin. rect.....♏ xcix
M.—One drop on sugar every four hours; or in tablets, each containing one drop of the above, one per cent. solution.

℞ Liq. arsenicalis.....fʒ ss
Tinct. belladonnæ.....fʒ ss
Aq camph. ad.....fʒ iij
A sixth part three times a day.
(In the chronic form.)

℞ Sp. chloroformi.....
Sp. ammon. arom.....āā ʒ vj
Aq. camph. ad.....fʒ viij
One-sixth part every hour during paroxysm.

℞ Zinci valerianat.....
Zinci phosphat.....āā gr. x
Ext. rhei.....gr. xxiv
M.—Divide into 12 pills. One three times a day.

℞ Potassii bromidi.....
Ammonii bromidi.....āā ʒ j
Tinct. valerian ammon.....fʒ vj
Aq. camph. ad.....fʒ viij
One-sixth part three times a day.

℞ Argenti oxidi.....gr. x
Micæ panis q s.....
To divide into 20 parts. One three times daily.

Ascites.

℞ Calomelanos.....gr iv
Pulv. jalapæ co.....gr. xxx
Make a powder; take every night.

℞ Potassæ acetatis.....ʒ ij
Syr. scillæ.....fʒ vj
Tinct. digitalis.....fʒ j
Sp. ætheris nitrosi.....fʒ iij
Decoct. scoparii ad.....fʒ viij
One-sixth part three times a day.

℞ Elaterii.....gr. j
Fol. digitalis.....gr. iv
Ext. gentianæ.....gr. xij
M.—Divide into 4 pills. One every night.

℞ Pil. hydrargyri.....gr. j
Every night and morning in pill.

Asthma.

℞ Ext. belladonnæ fl.....fʒ j
Ext. lobeliæ fl.....fʒ ij
Ext grindeliæ fl.....fʒ iv
Potass. iodidi.....ʒ ij
Glycerini.....ʒ j
Aq. chloroformi.....fʒ v
M.—A tablespoonful every two hours.

℞ Ammon. carb. ..... gr xxx
Potass. iodidi ..... gr xl
Tinct. belladonnæ ..... ʒj
Vin. ipecac. ..... ʒss
Sp. chloroformi ..... ʒj
Inf. gent. co. ad ..... ʒviij
One-sixth part thrice daily.

℞ Liq. arsenicalis ..... ♏ xx
Tinct. aconiti ..... ♏ xx
Aq dest. ad. ..... ʒij
One teaspoonful every hour for twelve hours.

℞ Iodoformi ..... gr. iv
Ext. conii ..... gr. iv
M.—Divide into two pills. To be taken at once.

℞ Vin. colchici ..... ʒj
Vin. ipecacuanhæ ..... ʒi
Antimonii tartarrati ..... gr. j
Aq. dest. ..... ʒviij
M.—One teaspoonful every hour.

℞ Fl. ext. grindeliæ robustæ, ʒ ss, every hour.

℞ Ipecacuanha spray to fauces.

℞ Nitro-glycerine, ♏ $\frac{1}{100}$, repeated at intervals.

℞ Stramonium, arsenic or coca-leaf cigarettes.

℞ Aq. Lauro-cerasi (P. B.) ..... ʒj
Aq. chloroformi ..... ʒiij
M.—One-sixth part every four hours.

Boils.

℞ Cahii sulphidi, gr. ½, five times a day.

℞ Ext. belladonnæ, gr. ¼, in pill three times daily.

Glycerite of belladonna, ung. bals. Peruviani, camphorated alcohol, collodion, extract of opium, poultices, etc. Tincture of iodine painted around the boil.

℞ German yeast. A teaspoonful internally four times a day.

℞ Liq. potassæ ..... ʒij
Tinct. cinchonæ ..... ʒiij
Aq. dest. ad. ..... ʒvj
A sixth part thrice daily.

℞ Pulv. glycyrrhizæ co (Prussian), a teaspoonful every night and morning.

℞ Quiniæ sulphatis ..... gr. xij
Acid phos. dil. ..... ♏ iij
Tinct. cinchon. co. ..... ʒij
Glycerini ..... ʒij
Aq. dest. ad. ..... ʒviij
One-sixth part three times daily.

℞ Picis liquidæ ..... ʒss
Pulv. aromatici ..... ʒij
M.—Divide into 72 pills. Two pills three times a day.

Bronchitis.

℞ Ammon. carbonatis ..... ʒss
Sp. ætheris ..... ʒiij
Tinct. scillæ ..... ʒij
Tinct. camph. co. ..... ʒiij
Tinct. lavand. co. ..... ʒvj
Tinct. senega ad ..... ʒviij
M.—Two tablespoonfuls every four hours.

℞ Potassa. nitratis ..... ʒij
Liq. ammon. acet. ..... ʒiss
Sp. ammon. arom ..... ʒiij
Tinct. aconiti ..... ʒss
Aq. ad ..... ʒviij
One-sixth part every four hours.

℞ Tinct. aconiti .....
Vin. ipecacuanhæ ..... āā ♏ xx
Aq. dest. ..... ʒij
A teaspoonful every hour.

℞ Inhalations of creosote (♏ xx), oil of turpentine (ʒj), compound tincture of benzoin (ʒj), or sulphurous acid (♏ x), in boiling water.

Ipecacuanha or antimonial wine as an emetic.

Mustard and flaxseed poultices, blisters, etc., locally.

Precipitated sulphur, 10 grains, three times daily.

℞ Tinct. camph. co ..... ʒiij
Oxy. scillæ ..... ʒiij
Mist. ammoniaci ad ..... ʒvi
Two tablespoonfuls three times a day.

℞ Vin. ipecacuanhæ ..... ʒij
Syr. hemidesmi ..... ʒiij
Mucilaginis acaciæ ..... ʒj
Aq. dest. ad. ..... ʒij
A teaspoonful every two hours. (For children).

℞ Ext. sarzæ liquidi .....
Syr. scillæ ..... āā ʒjss
Mix.—One teaspoonful in a cupful of barley water, frequently.

℞ Vin. ipecacuanhæ ..... ʒiss
Sp. ætheris nitrose ..... ʒvj
Succi Conii ..... ʒiij
Tinct. senegæ ad ..... ʒviij
One-sixth part every six hours.

℞ Tinct. guaiaci ammoniatæ ..... ʒss
Muc. tragacanthæ ..... ʒij
Mix well, then add inf. senegæ ad ..... ʒviij
Three tablespoonfuls every four hours.

℞ Acidi benzoini ..... gr. xl
Syr. scillæ .....
Syr. rhœados ..... āā ʒiss
Make a linctus. A teaspoonful every four hours.

℞ Morphia sulphatis ..... gr. j
Vin. ipecac. ..... ʒij
Sp. Chloroformi ..... ʒij
Succi. limonis ad ..... ʒiv
One teaspoonful every three hours.

℞ Ammon. carbonatis ..... ʒss
Infus. serpentariæ ad ..... ʒvi
Two tablespoonfuls every four hours.

The Current Medical Thought.

Baruria.

At a recent meeting of the Clinical Society of London, Dr. West read details of a case of this seldom-mentioned disease. A woman, æt 39, after catching cold, complained of pains in her limbs which gradually increased to great severity, with swelling of joints. Temperature 100°, free perspiration, but no sour or acid smell. The specific gravity of the urine was 1040, and it gave copious crystals of nitrate of urea when treated with nitric acid. Anorexia was prominent, and the percentage of urea remained for two days at 5.1. As this percentage fell the symptoms all gradually disappeared. The existence of this disease, as a disease, has been questioned by some authors, but many similar cases are on record. Many cases have probably occurred that have never been recognized.

Prognosis of Apoplexy.

When an attack of apoplexy is sudden and of short duration, the prognosis is favorable as regards life, but it will most likely be followed by paralysis. If coma is profound with much stertor, involuntary discharges, and abolition of reflex actions; or if the coma is less profound but persistent for more than a day, the prognosis is very grave. "Cheyne Stokes" respiration is ominous, as also a quick soft pulse. A hard regular pulse is of better augury. A great fall in temperature at the outset of the attack announces a large hæmorrhage; a rapid rise to above 102 degrees is unfavorable; a rapid fall again indicates a second hæmorrhage. Constant vomiting is a serious symptom, pointing to the bulb or its vicinity as the seat of the bleeding; it also aggravates the case by disturbing the cerebral circulation and favouring fresh hæmorrhage. Hæmorrhage of the pons, bulb or cerebellum is more fatal than that of the cerebral hemispheres. Sugar or albumen in the urine, after an attack, indicates that the bulb or its vicinity is the seat of lesion, and makes the prognosis unfavourable. Previously existing renal or cardiac disease, or atheroma of the arteries renders an apoplectic attack more likely to be fatal.

Early Phthisis.

Bleeding from the lungs is more frequent in the earlier than in the later periods of phthisis, making it difficult to discover physical signs for it. In the later stages, the vessels are usually contracted or obliterated before softening occurs. Signs of excavation are often found in the chronic form. The worst cases frequently present little physical alteration at first, and acute tuberculosis may rapidly prove fatal without excavation. Externally, a narrow "pigeon-breasted" chest is as often a sign of early rickets as of phthisis. A truly phthisical chest is usually a flat one, with depression rather than prominence of the breast-bone. Marked infraclavicular flattening points to the fibroid form of phthisis; and this flattening sometimes become less marked as excavation advances, giving rise to false hopes of improvement. Acute cases are accompanied, of course, by elevated temperature, but to avoid mistake, care should be taken that the observation is not made during an intermission when the temperature will have again fallen.

Climatic Cause of Prevailing Disorders.

In cold climates, the lungs and kidneys are the organs which have the greatest call on their activity; in hot climates, the functions of the liver and skin are more freely employed. Thus, in northern climates pulmonary and kidney diseases abound; and in warmer lattitudes, hepatic disorders and diseases of the skin.

Syphilis from Bites.

There is a strong reason to suppose and little room for doubt, that a bite from a syphilitic person is capable of communicating syphilis, in the same way as the bite of a venomous serpent produces serious and often fatal effects, through the medium of the saliva. Chancres from bites, though rare, are not unfrequently seen in France. Professor Fournier, of Paris, has described at least eight undoubted cases that have come under his own observation; and Dr. Lesage reports three or four more. In one case, a reputable dentist was accidentally bitten by a female patient, during manipulation of her mouth, and afterwards developed papulous syphilides, iritis, and other sequelæ. Two policemen also, who were bitten by the same prisoner during his arrest, were attacked with similar constitutional symptoms. The parts most subject to these bites are the hands and fingers, though other parts are also liable. Professor Fournier describes the case of a young girl who took up a clarionet left on a couch by her brother, and essayed to play it, blowing it as she had seen him do, soon her mother entered the room, the child jumped into her arms, and covered her with kisses. Both mother and child became seriously infected.

Treatment of Syphilis.

Mercury and iodide of potassium are still the two main factors to be relied on for the cure of syphilis; to these may be perhaps reasonably added the arseniate of soda. But it is now evident that mercury is best given in much

smaller and iodide in much larger doses than have hitherto been employed. In tertiary syphilis iodide may be given in very pronounced doses with increased benefit. Acne, urticaria, intertrigo, coryza, increased mucous secretions, sometimes possibly serous effusions, and ædema of the glottis may follow its administration; but generally there is no real danger and all these troubles soon disappear. But iodide should be cautiously used where there is irritation of the kidneys or along the urinary tract. Mercury is best given with chalk (grey powder) in small repeated doses; in this way it is a tonic, and nourishes and fattens the body. Sulphur baths, good air, good food, and a little good wine completes the treatment in the majority of cases.

Reduction of Temperature.

Dr. MacAllister thinks that in many affections in which fever is a symptom it is a sound practice to attempt to reduce the temperature for its own sake, just as we try to soothe pain when we can, irrespective for the moment of the fundamental disorder; antipyrine, of all the antipyretics he has tried, seems to be the most powerful with the fewest disadvantages. If experience justifies this conclusion, the drug may take its place beside morphia, being the allayer of fever as that is of pain.

Articulate Sounds and Intelligence.

Man's supremacy over lower animals does not consist in his understanding of articulate sounds, but rather in his greater power of associating together the most diversified sounds and ideas, owing to our obviously higher mental development. With respect to mere articulation, parrots and some other birds share that power with him, and can even connect sounds with ideas, words with things, and persons with events. Man gives expression to such feelings as are not intimately connected with his higher intelligence, as cries of fear, anger, pain, pleasure, surprise, by inarticulate but expressive sounds and gestures in common with lower animals, but the *habitual* use of articulate language is only man's prerogative.

Hair Growth on the Fœtus.

During the fifth month of fœtal life a fine wool-like hair is developed on the face and eyebrows, and markedly around the mouth, forming a sort of incipient mustache; and this hairy covering spreads over the whole body during the next month. The direction and arrangement of these hairs are the same as in the adult, subject to much variability: but they are never found on the palms of the hands nor on the soles of the feet, thus corresponding to the inferior surfaces of the extremities in the lower animals, and forming the analogies of the first permanent hairy coat as in animals. This hair is afterwards absorbed.

Therapeutics of the Bile Salts.

Dr. J. M. Granville (London) highly recommends the biliary salts in the treatment of dyspepsia and gouty obesity. These salts are extracted from the bile of the ox, and taken in pill form, with meals. The effects are striking. The stools immediately become rich in bile without purging, the food is readily digested, and the abnormal accumulations of fat seem to melt slowly away. Taurocholate and glycocholate of soda are the names of the bile salts referred to. They are also said to reduce the temperature in fever, and have been praised in treatment of typhoid fever. About four grains represents an average dose of either salt.

Prophylaxis of Gonorrhœa.

A few drops of a two per cent. solution of nitrate of silver, injected into the urethra soon after a suspicious connection, would probably avert the expected results, by destroying the gonococci. But it should be used within a quarter of an hour after the act.

Action of Tobacco.

According to Dr. Hobart Anthony Hare (prize dissertation), tobacco retards waste of tissue and increases urinary elimination. In poisonous amounts, it first depresses the reflex inhibitory nerve centres, causing convulsions, then paralyzes the motor trunks and tract of the spinal cord. Does not affect the sensory nerves, contracts the pupil, lowers blood pressure and pulse rate at first, then increases them; if further pushed, decreases them again. Increases peristalsis of intestines in moderate amounts; causes tetanic spasms of same in poisonous doses.

Buttermilk for Indigestion.

Dr. W. O'Neill and Dr. G. C. Wallace, in communications to the *Medical and Surgical Reporter*, have related cases of atonic dyspepsia that have been successfully treated with buttermilk and sour milk. Dr. Wallace states that he has "prescribed this treatment for many years with good results, a pint being recommended to be taken at each meal.

Many other physicians have observed the beneficial action of buttermilk in dyspepsia. A glassful taken in the early morning is a capital potion for "biliousness." Centuries ago, in the time of Shakespeare, buttermilk was esteemed as a remedy for indigestion, and was in vogue as a general drink, mixed with an

equal proportion of beer. This queer mixture is alluded to by "Rare" Ben Jonson, the friend and cotemporary of Shakespeare, in his play called the New Inn:"

"Sir, they do scandal me upon the road here!
A poor quotidian rack of mutton, roasted
Dry to be grated! and that driven down
With beer and buttermilk mingled together.
It is against my freehold, my inheritance.
Wine is the word that glads the heart of man,
And mine's the house of wine. Sack, says my bush,
Be merry and drink sherry, that's my posie." L. I.

Remedy for Dyspnœa.

"Lycopus Virginicus" (Bugle Weed) is sometimes very serviceable in the distressing dyspnœa attendant on organic disease of the heart. An infusion of an ounce of the herb to a pint of boiling water may be taken during the course of the day, or three or four ounces for a dose.

First Changes of the Uterus in Pregnancy.

Hegar states that during the first six or eight weeks of pregnancy the changes in the uterus are practically limited to the body of the organ. It enlarges from before backwards, and the muscular substance becomes less dense. Thus it loses its "pear" shape and resembles an old-fashioned, fat-bellied jug. This alteration of form can usually be detected by the finger in the anterior cul-de-sac. A distended bladder or uterus is easily excluded from this diagnostic sign.

For Bee Stings.

Dr. E. Pratt, of Bellefontaine, O., says that Squibb's Cholera Mixture is a specific for bee stings. If applied a few minutes after the stinging, pain will be relieved and soreness and swelling will be prevented.

GENTLEMAN, stepping into a drug store: "Do you correct mistakes here?"

Urbane Clerk: "Yes, sir; if the patient is still alive."

Pasteur's Claims.

M. Pasteur has read a report of the results of his inoculations at the French Academy of Medicine, in which he conclusively shows that there has only occurred one death after the operation, out of 350 cases and that one was the case of a young girl who was not inoculated until thirty-seven days after the bite, long after hydrophobia symptoms had manifested themselves. Many of the other patients were not inoculated until from fifteen to thirty days after the accident. It is now five and in one case eight months since some were inoculated, who are well to-day. M. Pasteur claims that the success of the treatment is now without doubt established an accomplished fact.

A Rival of Pasteur.

A Spanish physician has lately discovered that inoculation with the virus of certain snakes is a preservative against hydrophobia in men and animals. He has made a vast number of observations in dogs that have been bitten by vipers, and has found that they are incompetent to take the disease when afterwards bitten by hydrophobia dogs. Vaccination with this virus produces little or no inconvenience, only a temporary malaise with trifling fever. Up to now, his experiments have proven entirely successful, and bid fair to rival in value the results obtained by Pasteur.

Urea is Formed in the Liver.

The weight of evidence in favor of the theory that the Liver is the source of the production of urea in the animal economy is too strong to be contested; it has been indisputably demonstrated that the blood gains urea in its passage through that organ. Moreover, by ingeniously excluding the liver from the circulation in the goose, it has lately been shown that lactic takes the place of uric acid in the urine. (All birds eliminate uric acid instead of urea.) We have also ample proof that urea is not produced in any other part of the body, though heretofore the muscles and kidneys have been credited with its production.

Dr. Wool Paton (*Brit. Med. Journal.*) shows, by a series of elaborate experiments, that colchicum in moderate doses increases the excretion of urea moderately, and the excretion of uric acid to a much greater extent.

Operation for Varicocele.

Professor Mayo Robson (Leeds) champions the treatment of varicocele by complete excision of the bundle of enlarged veins, with due antiseptic precautions. He has found in his experience that hydrocele, orchitis, or other trouble from the disturbed circulation seldom or never follows the operation. The spermatic cord should be held between the fingers, over the varicocele and the vas deferens allowed to slip away, leaving the enlarged veins in the grasp. A vertical incision is now made down to the veins, the fascia is separated from them, and a double catgut ligature applied and tied about an inch apart, and the varicocele completely excised. No bleeding occurs, as a rule. A catgut drain may be left in, but is not indispensable. The wound is dressed with carbolized gauze and a pad of salicylic wool or silk.

Cure of Cancer by Early and Complete Removal.

Dr. Maylard (Glasgow) believes in the local seat of the first appearance of cancer-growth, and holds that the essentials for cure consist in

early and radical removal. To remove a tongue without also taking the surrounding mucous membrane, or to amputate a breast without clearing the axilla, may be palliative, but cannot be called curative.

He has frequently found the axillary glands infected, where none could be detected previously to operation.

The mucous membrane being merely a prolongation or continuation inwards of the external skin, it follows that the lining of the stomach is external to the body proper, as much so as the palm of the hand; and so the process of digestion takes place outside the body.

Tumbeki: a Persian Narcotic.

This vegetable product is a species of tobacco much prized in Persia and Turkey, owing to its remarkable soporific properties. It is probably the product of *Nicotiana Persica*. There are three grades of it. It contains much more nicotine than tobacco, and has to be smoked through a water pipe.

King George's Remedies.

"Reminiscences of the Court and Times of King Ernest of Hanover" have just been published, and are very interesting reading. They contain many surprising and characteristic stories of the crafty old King when he lived in England. When the physic arrived that the doctors had prescribed for him, he invariably said, "Put it in the cupboard."

"'Put it in the cupboard:' and again and again it was, 'Put it in the cupboard.' Not one drop was touched. Starving and patience were the only remedies resorted to. At last his Majesty got his good turn, and began to feel he could eat again with a relish; and by degrees Nature flung off the disorder, whatever it was, which had run its course. His Majesty was up and dressed early, and at business. 'Get all those bottles, powders, and pill-boxes out of the cupboard,' he said, 'and range them in a row round the room.' It was a very small room, and they almost made a circle round the walls. The doctors came in smirking and smiling, and congratulated the King upon being up again, and looking so well. 'Yes, doctors,' said his Majesty, 'thank God, it is so. But look there—count it up; don't you think if I had taken all that d——d stuff I should have been dead long ago?'"

Post Mortem Albuminuria.

Post-mortem urine nearly always contains albumen, probable due to the decomposition of mucus in the bladder. Therefore, in the absence of further testimony, it may not be assumed that albuminuria was the cause of death, under these circumstances.

Nitro-Glycerine in Alcoholism.

Nitro-glycerine has been recommended as a substitute for stimulants in the alcohol habit. One or two drops of a 1 per cent. solution has as stimulating an effect as at least an ounce of brandy, and its action is far more prompt. Moreover it creates no desire for more stimulants. Its use is contra-indicated where there is cerebral congestion.

Angina Pectoris.

Angina pectoris is due to cardiac ischœmia from ossification of the coronary arteries; consequently the use of remedies acting on the nervous system is irrational. When these are of any service, such as the bromides, the disease is not true angina pectoris, but simply a neurosis. The rational treatment of true angina consists in the persistent exhibition of the iodides, of which the iodide of sodium is generally the best. Five to ten grains three times a day may be given, but it is best to commence with the smaller dose.

Tincture of Gelseminum is often useful in the treatment of nervous deafness, in doses of from fifteen to twenty minims, repeated two or three times a day. It seems to have a similar action on the organ of hearing as nux vomica on the organ of sight.

Cimicifuga for Headache.

The severe headache which frequently ushers in the menstrual period is relieved by cimicifuga. Congestive, nervous and rheumatic headache, and those resulting from alcoholic excesses and loss of sleep, also frequently yield to this drug. It is best given in small doses, say ♏ x of the fluid extract, frequently repeated. It has been found useful in the chorea of children.

Dover's powder tends rather to restrain sweating instead of producing it, when administered to patients suffering from phthisis in its more advanced stages.

Jaborandi, the great sweater, should always be administered on an empty stomach, when practicable. Sixty grains is an average dose, but given in the form of an infusion. In case of overdose, belladonna would be indicated.

Cholera and Cleanliness.

Whether inoculation against cholera may prove successful or not, the disease can never be stamped out in districts where filth and bad water abound. The virulence of the disease decreases in proportion as sanitary improvements are effected; with an uncontaminated water and food supply, cholera epidemics need not be much feared: and sporadic imported cases will not fructify unless in the congenial soil of dirt and decomposition.

Phthisis a Result of Chronic Disease.

Professor Pidoux, of Paris, asserts that phthisis is not a chronic disease at its commencement, but commences rather as a result of chronic diseases, having for its chief factors scrofula, arthritis and syphilis.

French Obstetrical Decision.

The following peculiar case was lately tried in France: A lady named Gibaut had engaged a certified midwife to attend her in her confinement, and the latter anticipating trouble in the accouchement called in Monsieur Vaux, who was "Officer of Health" for the district. He in turn finding that forceps were required, called in the assistance of Dr. LaGrange, and delivery was successfully accomplished. After waiting for three years for payment, M. Vaux placed the matter before the court of the district, on February 14th, 1885, and the court ruled that inasmuch as M. Vaux was an "Officer of Health," he was not qualified to use the forceps, and that his efforts to expedite the labor were merely an exhibition of strength that any one else was capable of, and that the fees were due to Dr. LaGrange, the consultant. The Judge, on these grounds, reduced the fee to a nominal one; but M. Vaux, refusing to wear the mantle of a professional athlete, carried the case to a higher tribunal, and the Judge's decision was reversed, M. Vaux receiving his full charges and costs.

A spring at Droitwick, a small town near Worcester, England, contains a greater quantity of saline ingredients than any other known waters. It has 2500 grains of chloride of sodium, 38 grains of sulphate of lime, and 39 grains of sulphate of soda in each pound. It is found to be very bracing and tonic in the form of a bath.

Caution in Giving Chloral.

Caution should be exercised in prescribing chloral hydrate for patients suffering from renal disease, as the drug appears to have a strong tendency to cause congestion of the kidneys.

For Worms.

Prepare six powders, each containing from three to five grains of santonin, according to age, and a fourth of a grain of calomel. The first two powders to be taken at twelve hours interval, the remainder at twenty-four hours interval. Followed by a dose of castor oil. "Infallible."—Dr. Boys, *in British Medical Journal.*

For Traumatic Erysipelas.

Prof. Garretson, of the Medico-Chirurgical College, Philadelphia, gives this as a specific treatment for traumatic erysipelas:

℞ Tincturæ ferri chloridi.....fl ʒ j
Tincturæ cinchonæ.....fl ʒ ij
Quininæ sulphatis.....ʒ j

M. S.—Apply with a brush continuously until the part turns black. Failure to cure can only be the result of insufficient application.

Bichloride of Mercury for Diphtheria.

Bichloride of mercury has been used externally and locally with much success in diphtheria. All parts that can be reached are painted and sprayed frequently with a solution of bichloride in water, gr. ¼ to gr. iii to the ounce. Internally from gr. ⅛ to gr. ⅓ is given during the twenty-four hours.

Iodoform ointment, about a drachm in four ounces of vaseline, is an excellent application to swelled testicle and epidydimitis. It quickly removes the pain and prevents subsequent induration of the gland.

When fresh urine becomes almost solid or semi-gelatinous after standing a few minutes, a villous tumor of the prostate or bladder may be diagnosed with almost certainty.

In all cases of amblyopia or dimness of vision, cataract, (especially of the soft variety), carbuncle, successive crops of boils, and gangrene of toes or fingers, appearing in persons without any apparent cause, search should be made for sugar in the urine and other symptoms confirmatory of diabetes mellitus.

An English judge strongly affirms that a medical man should not leave a woman in labor, except his life be in peril; that if he desires to abandon the case he must tell the friends to get another doctor, and remain with the woman till the doctor arrives. If he does otherwise than this, he will be responsible before the law for such injury as may happen to the woman from want of medical attendance.

Belladonna is an antidote to jaborandi.

Operation for Deafness.

Several incisions made into the membrana tympani have proved successful in curing some cases of deafness. The cicatrices contracting produce tension of the tympanic membrane, freeing it from adhesions and releasing the anchylosed ossicles. The incisions peel in a few days.

An enema of fifteen minims of fluid extract of podophyllin in two ounces of warm water acts as an efficient purgative.

For Gonorrhœa and Complications.

Yellow oil of sandalwood is equally efficacious in orchitis and gonorrhœal rheumatism as it is in gonorrhœa. Its action on epididymitis is often very striking. Fifteen minims three times a day on sugar represents an average dose. In gonorrhœal discharges its usefulness is increased by the addition of an equal quantity of oil of cubebs.

Diplomas Obtained "In Absentio."

North German Gazette (*Gazette de l'Allemagne du Nord*) announces in a recent issue that proceedings are about to be taken in Berlin against 3400 individuals for assuming the title and rights of doctors of medicine, law and philosophy, on the strength of diplomas obtained "in absentio" from America. Most of these so-called graduates are practising as physicians in different parts of Prussia and Germany.

Causes of Obesity.

Obesity is produced by two causes: one is increase of assimilative power, the other is decrease or mal-assimilation. In the first case, water shall be drunk in moderation only, and in the second case, it may be used much more freely. Free use of water at meals increases oxidation, but has no action on organic disintegration.

It is said that iodine, whether employed internally or locally, often produces temporary albuminuria, after absorption.

It is a curious fact that emplastrum lytlæ will not raise a blister on a surface that has been previously covered by emplastrum belladonnæ.

Among other symptoms, blueness of the nails and a persistent tendency to rigor, are strongly suggestive of the presence of a calculus in the kidneys.

Lesions Caused by Drunkenness.

The results of the analysis of 250 autopsies on drunkards give cyanotic induration of the kidneys, fatty infiltration of the liver and mammilated stomach as the most prominent anatomical lesions. The exposure, irregularities of diet and living, etc., incident to a state of drunkenness have no doubt a great influence over these results.

The sense of smell is more highly developed in negroes and other colored people than in white and more civilized races. Negroes and Indians are said to be able frequently to recognize people in the dark by their odor. In many instances we also are able to distinguish *them* by the same means, though usually the means are more objective than subjective, and not due to such an acute perception of smell.

The disagreeable odor of iodoform as a dressing may be conveniently obviated by applying the pure powder to the sore, and then covering it with a layer of flexile collodion.

For Gastric Catarrh.

The following is the formula used by Prof. Waugh, of the Medico-Chirurgical College, Philadelphia, in cases of gastric catarrh:

℞ Extracti rhei fluidi.....fl ʒ ij
Vini ipecacuanhæ.....fl ʒ j
Potassii bicarbonatis.....ʒ i ss
Aquæ q. s. ad.....fl ʒ iij

M. S.—Take fl ʒ j in a cup of hot water before each meal.

Emission of Semen as a means of Diagnosis of Death by Hanging.

Dr. Hamlin, of Auburn, N. Y., read a paper on the above subject at the recent meeting of the New York Medical Society. Dr. G. W. Smith, of Fort Smith, Ark., in the *Med. & Surg. Reporter* continues the subject as follows:

"Having had opportunity of verifying Dr. Hamlin's observations, I report what I saw here in this city. There are hung in this city, annually, a dozen or more crimnals, and in every instance there has been emission. The late Dr. J. E. Bennett called my attention to it in 1880, and my observations extend from that to the present. Dr. Bennett who was United States jail physician at that time, and many years previously, informed me that he never knew of a case of hanging in which the emission was not present, and as a means of diagnosis of death it was certain."

Milk should be the staple article of drink for sufferers from chronic disease of the kidneys.

For the Typhoid Condition.

No blunder is more common than to misconstrue into typhoid fever a typhoid *condition* of the system. In this state the bowels are extremely tender, tympanitic and inclined to frequent evacuations, despite the use of medicine. For this condition Dr. Batte (Tennessee) recommends the following formula:

℞ Sp. terebinth, resorcin.....āā℥ vj
Cresote.....♏ xxiv
Gum acaciæ.....℥ vi
Aq. dest. ad.....℥ vi
S.—A teaspoonful every four hours.

Uses and Dangers of Micro-Organisms.

Sir Lyon Playfair says that bacilli, bacteria and micrococci play an important part in the economy of the world. They abound in unhealthy places, and resolve the dead body into more active forms of chemical energy—carbonic acid, water and ammonia. When these micro-organisms have free play they are the greatest benefactors of the human race, by virtue of their functions as scavengers—purifying the air, the water and the soil. They are good servants, but bad masters. If their free action be interfered with by restricting their access and by shutting out the free circulation of air, necessary to their life functions, they become intensely malignant, invade the blood of the living, and give rise to zymotic diseases by swarming in the fluids of the patient. On the other hand it is by their agency that wine, beer and vinegar are made; and they convert decaying matter into a most useful product—nitre or saltpetre.

M. PASTEUR does not perform the operation of inoculation for hydrophobia himself, but relegates it to his assistant, as he is not a graduate in surgery, and the French law punishes by fine any one not holding a diploma who performs any surgical operation. Dr. Granchet is the name of his assistant.

Black Urine.

If gallic acid be given to a patient who is undergoing a course of iron, the urine will be voided almost as black as printer's ink.

Increased Doses of Several Drugs.

When it is desired to prescribe carbonate of ammonia, a far more decisive effect may be produced by increasing the usual dose of five grains to ten or fifteen, without fear of nausea or other untold symptoms, in the large majority of cases.

Over one thousand people die annually of typhoid fever in Michigan.

Menstruation and Albuminuria.

For some days after cessation of the menses, albumen is apt to be frequently found in the urine, and care should be taken not to confound this condition with that which is dependent on chronic disease of the kidneys.

In our experience, the officinal doses of the tinctures of nux vomica, digitalis, and belladonna may be doubled without fear, and frequently with advantage to the patient, unless there be special contra-indications to their free employment.

Causes of Seminal Emissions.

Seminal emissions may be caused by the irritation of ulcerated patches in the urethral, vesical or renal mucous membrane, by renal or *prostata calculi*, by rectal worms, by elongated prepuce, by accumulated secretions between the prepuce and glands, and, in fact, by anything that sets up irritation in the urethra, prostate, bladder, or kidneys.

For Pain of Passing Calculus.

The almost intolerable pain accompanying the passage of a calculus down the ureter is relieved by the application of an ice-bag over the region of the kidneys, and the free use of diluents and sudorifics: Jaborandi here renders essential service; and large quantities of fluid should be taken.

Why She Knew it was a Boy.

"If you please, mum, my month is up today, and I will take my wages and go."

"My gracious, Bridget, you must stay another month. You know I expect to be sick soon. I will raise your wages."

"I can't stay, mum."

"But, Bridget, think of my confinement."

"I'm sorry, mum, but I have taken another situation. But I hope the boy will be a fine one, and grow up to be as good as his father."

"Why are you so positive, Bridget? It might be a daughter."

"No, mum, its certain sure to be a boy; no girl would stay with *you* nine months."

Local Application of Copaiba in Vaginitis.

Dr. Baratier recommends very highly the local use of copaiba in the treatment of various forms of vaginitis. He employs a suppository containing ¾ of a grain of extract of opium, and 1¼ drams each of copaiba and cacao butter. One of these is passed into the vagina every second day and allowed to remain for twelve hours.—*Weekly Medical Review.*

Cocaine for Nymphomania.

Most of you will remember that the trouble for which this woman first came to the clinic was nymphomania. This has been treated by the use of sedative applications to the two chief centres of sexual erethism or pleasure in the female. These centres are the clitoris and vagina. In sexual congress these are subjected to such increased congestion that each becomes swelled, and erection occurs in one: masturbation in the female, also is done by artificial irritation of the clitoris or of the vagina, or of both. A third centre has been suggested, that is, the female nipple, and, according to Cabanis, some women assert that when the infant is sucking they experience a pleasure, with some similar sensation, in the genital organs.

When, in company with Dr. Morris, I first examined the patient, three weeks ago, in consequence of the complaint she made of a pain in the womb, there was at once erection of the clitoris and contraction of the vaginal sphincter, not merely of the lower sphincter, but also of the upper sphincter, constituting vaginismus superior. This latter form of contraction, when excessive, may not prevent coition, but may not permit the withdrawal of the penis; in some cases this violent contraction of the upper part of the anal levator is under the control of the will. Both varieties of vaginismus existed, to some degree, in this case.

The treatment consisted in the direct application of muriate of cocaine to these centres. The vaginal spasm and the other symptoms have been greatly relieved. I believe that this is the first time that muriate of cocaine has been used for this purpose, and the results have been such as to justify its application in other cases. It seems to me an entirely rational way of treating this disorder in certain cases. Lower the exalted sensibility of the two chief centres of sexual pleasure; not only lower that sensibility, but blunt it. This patient has expressed herself very grateful for the benefit that she has had from the cocaine treatment.—*Parvin.*

The common garden beet is said to act as an efficient emmenagogue, if taken in sufficient quantity. An active principle is derived from it, called betin, of which the dose ranges from two to four grains.

Pneumonia and Natural Gas.

It is said that pneumonia has become epidemic around McKeesport, Pa., and the physicians attribute it to natural gas. "I have no doubt," says one of them, "that natural gas is responsible not only for pneumonia, but also for many other diseases of the respiratory organs." It is a great convenience, but as it is burned now the grates are almost closed up and no provision is made for ventilation. The result is, the atmosphere of the entire house not only becomes very dry, but is vitiated by the products of combustion.

Bad Bitters Made of Wood.

The manufacture of alcohol from wood has increased rapidly within a few years, and it is said to be used largely for patent bitters, ginger extracts, and other alcoholic compounds whose strong flavor makes it unnecessary to use a better quality of spirits. Wood alcohol is a dangerous product, and sometimes gives rise to serious disturbances of the brain and nervous system.

What Shall a Physician Write About?

His own work His own locality. These are his fields. He need not wait for some strange, seldom-heard-of case. While such cases do happen, they belong rather to the curiosities of medical and surgical literature than to the practical, everyday work of the physician's life. A plain, carefully studied, carefully reported case of phthisis, or of fracture of one of the large bones, will be of more profit to both writer and reader than an article upon morbus Addisonii or ligature of the common carotid.

A carefully and accurately compiled original report upon the topographical and climatic features of any locality will be of far more value than an ambitious article upon the yellow fever microbe, which, from the pen of an ordinary practitioner, can be only copied from the writings of those who are making this line of investigation a specialty.—*Southern California Practitioner.*

Stimulant for the Beard.

A correspondent asks that we will give a recipe for a mixture to promote a growth of hair on the face. The following is probably as good as any of the advertised preparations: Eau de cologne, 2 ounces; aqua ammonia, 1 dram; tincture cantharides, 2 drams; oil of rosemary, 12 drops. Apply daily and wait for results.—*Popular Science News.*

Hyoscine for Melancholia.

Professor H. C. Wood speaks highly of hydrobromate of hyoscine, hypodermically administered, in cases of melancholia, with agitation. The dose ranges from the sixtieth to the eightieth of a grain. It acts as an invaluable calmative and soporific. By the mouth its action is less reliable; and no local irritation follows its hypodermic employment.

Phthisis Caused by Pleuritis.

A distinguished New York teacher has called our attention to the fact that there is a form of phthisis that follows pleuritis, that is due to an extension of the inflammation by continuity of tissue from the pleurisy to the tissue of the lung proper, resulting in a chronic inflammation and ultimate degeneration of the lung itself. Sir Andrew Clark, in England, who is Gladstone's physician, and is therefore the medical lion of the day in that country, has lately delivered some lectures on this subject, and illustrated his remarks with a large number of cases. There is a condition, so to speak, of chronic pleurisy, with a chronic fibroid condition of the lung, which persists until the bacilli are deposited, when it caseates, breaks up, and cavities are formed.—*Bartholow.*

WANTED: A medical journal to give the history of failures with medicine and courses of treatment. For several thousands of years the world has been hearing that such and such things cure this and that disease. Very little is said about the failures to cure. Doctors are much more ready to report their successes than their non-successes. Why? It is just as important to know one as the other. By the prevailing practice every doctor has to duplicate the failures of his colleagues. If the valuelessness of certain drugs were more freely discussed, whole warehouses full of them would be consigned to that great custodian, oblivion.—*Albany Sunday Press.*

EVERY ancient Egyptian considered it his duty to purify himself once a month by taking an emetic, then a purgative, afterwards a bath, as they very sensibly considered that most diseases arise from intemperance, and that bad diet and not God was responsible for their sickness.

Pilocarpin Injections.

Dr. Humbert Molliere has successfully treated double pneumonia with pilocarpin; the patient, exhausted by dysentery and albuminuria, was attacked with pneumonia in both lungs, and the intestinal disturbance was greatly aggravated. A centigramme (about 1-7 of a grain) of pilocarpin was injected; the respiratory movements fell from forty-eight a minute to twenty-four, and dyspnœa was much relieved; four hours later, a fresh injection was made, and was repeated the next morning; each injection was followed by profuse sweats and salivation, and dyspnœa was greatly relieved. The patient rapidly recovered. In administering pilocarpin, M. Mollière was guided by former experience. An elderly man with uremia, accompanied with dyspnœa and delirium, who seemed dying, was greatly relieved, and ultimately cured by a similar treatment. Dr. Mollière describes another case. A young woman with a comatose form of uremia and renal lesion, following a cardiac affection, was freed from the comatose condition by injections of pilocarpin.—*Brit. Med. Jour.*

Local Irritation as a Cause of Tuberculosis.

The average duration of life among the dry-grinders of forks is twenty-nine years; of razor-grinders, thirty-one years; edge-tool-grinders, thirty-two years; knife and file-grinders, thirty-five years; and saw and sickle-grinders, thirty-eight years. The cause of this excessive mortality is apparent. In every hundred sick among the needle-makers, seventy are consumptive; among the file-makers, sixty-two in a hundred are consumptive; and taking the steel-grinders all round, rather over forty in the hundred are consumptive. Consumption among workers in copper and lead is the predominant disease; and in every one hundred lithographers, for instance—workers in copper—one half nearly are consumptive.

But notoriously overtopping all the other dusty occupations in their effects upon life and health are those of the grindstone-makers, flint-cutters and glass-polishers. The condition under which their work is carried on is in the highest degree favorable to the production of pulmonary diseases. They work in an atmosphere loaded with sharp spiculæ which lacerate the lungs, and quickly induce consumptive disease. Every grindstone-maker is cut down by it at or soon after the age of twenty-four. Hardly one escapes. The flint-cutter and glass-polisher have each eighty deaths per hundred sick of consumption, and their average life is under thirty years. Again, the stone-cutters terminate their average life at the age of thirty-six—thirty-six in every hundred sick being consumptive. Were we to enter one of the busy workshops of the steel-workers, and for a time, amid the turmoil of machinery, attempt to breathe its stifling atmosphere, charged with minutely pulverized dust, emitted by hundreds of wheels, we would have a practical experience of the causes why few, if even one, of all the workers there will ever reach their fortieth year.—*Albany Sunday Press.*

It will be seen from the above that local irritation by foreign particles in the lungs is a potent cause of tuberculosis.

The smell of fresh paint is apt to produce abortion in delicate women, as the result of an attack of "colica pictonum."

Salicylic Lemonade.

The *British and Colonial Druggist* says that as a "hospital beverage," which has lately been found of very great value in cases of typhoid and other fevers, scurvy and gout, the following cannot be too widely known; it having been, we understand, first devised by a late medical officer attached to the anexhibition.

℞. Fruct. limon.....No. 10;
Acid citric .....℥ ss;
Acid salicylic.....grs. 200;
Sacch. alb.....
Aqua.....aa q. s.

Squeeze the lemons and put the juice aside; boil the fruit in half or three-quarters of a gallon of water for fifteen or twenty minutes; after standing six hours take out the lemons, and again press them before throwing the exhausted pieces away. Add the juice and citric acid to the liquid, boil five minutes, and strain. Whilst hot add the salicylic acid, and stir until dissolved. Sweeten to taste with the white sugar, and make up the bulk to one gallon with water.

Salicylic lemonade may be taken freely, either of the strength here given, or diluted with half its bulk of water. It should be freshly made every two or three days, unless it be permissible to "qualify" it by the addition of a little pure French brandy. If required to be in "bright" condition, add, when cold, a little beaten up white of egg, boil for three minutes, and filter. If found rather too harsh for some tastes, dissolve in the boiling liquid, before straining, half an ounce of Nelson's patent opaque gelatine, previously swelled for five hours in cold water.—*Technics.*

Substitute for Sugar.

"Saccharine" is recommended as a substitute for sugar in the dietetic treatment of diabetes and obesity. It is a sweet compound obtained from coal tar. Saccharine is an intensely sweet white powder, soluble in 500 parts of water, but more soluble in alcohol and ether. It has an acid reaction. Taken internally it escapes unaltered in the urine, and is not found in the saliva or fœces. It has no effect on the excretion of sugar. Saccharine is a mild antiseptic.

Syphilis in the British Army.

One condition of life to which British soldiers are exposed, is almost peculiar to the British service. In no other country do the troops of the land forces have to pass so much time at sea as do the men of the British army. Owing to the wide distribution of the British colonies and possessions, and the great distances by which they are separated from one another, a considerable number of the men of the army are constantly serving on board ship, either in going to foreign stations, or returning to England from them, or in moving from one foreign station to another. One noticeable point is the increase of the proportionate number of cases of syphilis among the body of men proceeding abroad from England, over the number of those returning from abroad homeward.

Monomania.

The treatment and prognosis in cases of monomania are exceedingly unfavorable, for the condition is frequently the result of an organic malformation of some portion of the brain. The condition is one of partial insanity, the sphere of thought being the part of mind implicated, and this subjugates and dominates the whole mental mechanism, though it does not destroy it. Some emotional conditions may also produce the same results. Certain passions—envy, avarice, vanity—which are to all intents and purposes cerebral functions, may become so magnified and intensified in their power as to dominate the whole individual.—Prof. H. C. Wood.

How to Treat a Bubo.

This is a question often put to us. Opening the bubo? No. We have long ago discovered, and have taught our class for several years, to draw off the pus with an aspirator, and in the absence of one, to use the ordinary hypodermic syringe for this purpose in this way. After the pus is removed we inject an ethereal solution of iodoform into the abscess; the ether is absorbed and the iodoform is very evenly deposited on the walls of the abscess. Then we paint the bubo with collodion in which iodoform is dissolved; apply several coats. These, as they dry, contract and compress the bubo, so we have the benefit of pressure in addition to that of the iodoform stimulant and antiseptic action inside. Under this treatment the sores on the penis heal more regularly and rapidly. This practice is better than the slashing one.—*Med. Advocate.*

For Obesity.

Dr., now Professor, Schwenniger, who cured Bismarck of his obesity, prescribes no drugs nor mineral waters. He says: "Eat of only one dish, no matter what that may be. Oysters, lobsters, beef, mutton—eat moderately of that; no vegetables, save a little salad, no sweets, candies nor savouries, and do not touch a drop of liquid for half an hour or an hour after the meal is concluded." Only this and nothing more! The remedy seems at least as bad as the disease!

Lactic Acid as a Destroyer of Pathogenic Tissues.

Since Mosetig Moorhof's favorable results with this agent (*Centbl. f. Chirg.*, 1885, No. 12) various other observers have made use of it, in lupus, superficial epithelioma, papillomatous growths, fungous processes, scrofular ulcerations, laryngeal phthisis, etc. Its advocates claim that it is not a true caustic, but selects diseased and spares healthy tissue. Wherever its application is practicable it is consequently to be preferred to curetting.

The acid is a syrupy liquid miscible with water. Though not considered necessary by some, its action may be confined by covering surrounding parts with plasters, collodium or traumaticin; fats are an impediment. It is applied on linen, felt, or the like, either pure or reduced with water, or mixed as a paste with pure pulverized acid. It may be applied with a brush, but does not then act as rapidly. It is further recommended to bind it on with rubber, paper, or other confining material. It causes considerable pain for a few hours (Bum says one to three) and is usually removed in twenty-four hours or less.

Joseph (*Deut. Med. Woch.*, 1885, No. 43) cured a leucoplakia buccalis with 80 per cent. diluted lactic acid. Schnitzler reported at the September *Naturforscher-Versammlung* his experience with it—not very favorable—in tuberculosis of the larynx. Krause, of Berlin has also used it in this affection, and Jellinek (*Wien. Med. Wochenschrift*, 1885, No. 46), in Schröter's clinic, has for some months given it a more thorough trial. For this purpose he prefers a 20 to 80 per cent. solution. The healthy mucous membrane is but slightly affected, while infiltrated portions are slowly destroyed. The more succulent the infiltration, the more vigorous the action; œdematous parts shrink in three or four days, and troubles in deglutition are rapidly relieved. Most favorably affected were small ulcerations, especially on the vocal cords: larger sores were only prevented from further growth. In ulcerous, granular and hypertrophic pharyngitis he had good results. In nasal troubles simple brushing does not suffice; longer contact is necessary. He believes that in laryngeal phthisis by daily applications more can be accomplished with this than with any other remedy, and that in its earlier stages it can thus be cured.

Bum (*Wien. Med. Wochenschrift*, 1885, No. 47) has for several months been employing it in fungous, *i. e.*, tubercular disease of soft parts—skin, subcutaneous tissue, lymphatic glands—in dispensary practice. The unhealthy granulations are reduced to an easily reducible pulp; the walls of the cavity do not bleed; after two or three applications, with intermediary pauses of two days, a permanent dressing of iodoform gauze is used, abundant healthy granulations develop, and a smooth, soft scar results. Lactic acid will attack healthy as well as unhealthy epidermis, but in the subdermal tissues it seeks out fungous nests and destroys them. Bum gives short histories of nineteen cases in patients from 1 to 52 years of age. There were eight males and eleven females; eight ulcers, seven fungous and four fistulous. The average number of acid dressings was three, and the average time of cure twenty-five days. No failures, and up to date, six weeks to five months later, no relapse.

Finally Mosetig has returned to the subject again (*Wien. Med. Wochenschrift*, 1885, No. 48), with the demonstration of good results in a large facial epithelioma in a man æt. 55, and an ulcus rodens on the face in a woman æt. 60. In the former he had made twenty-six applications in a month, and in the latter he had made twenty already. In caries he finds it excellent, good demarcation being produced, and there being less liability to relapse than after curetting. He has tried injections of the acid, ½ to 1 grm. of a 50 to 70 per cent. solution. Whether relapses may yet occur he, of course, cannot say.—*Annals of Surgery.*

To Bath for a Bath!

The Queen of England at last purposes to test the medicinal value of the mineral waters of Bath, in her own country, rather than visit the more distant springs of Germany aand the south of France; and has despatched Sir William Jenner thither to inquire into the sanitary arrangements, climate and quality of the waters. The popular craze that the best remedial waters are only to be had at the fashionable foreign resorts should be well nigh "played out." There are as good saline, sulphur, chalybeate and other springs in England and also in America, as there are anywhere else. In the former country, Bath, Buxton, Torquay, Boumemouth, Harrogate, Droitwick, Cheltenham, Scarborough and others, ably represent similar waters abroad, and would produce a like amount of benefit, if they received the same amount of faith and "puff" accorded to the others. For example, scores of ladies are beguiled into visiting the Schlangenbad waters, near Weisbaden, for their complexions, because those waters are so vaunted and puffed up for their action on the skin, whereas they merely contain a few insignificant grains of soda, lime, and magnesia, and are far inferior to the springs of Bath and Preston.

Useful Formulæ.

The following formulæ have been used by me for the past three years with uniformly successful results. In the chlorosis of young girls, in all forms of simple anæmia, in amenorrhœa due to anæmia, and in the nervous debility and neuralgias dependent on an anæmic condition, I have never seen a drug, or combination of drugs or chemicals, equal to those given below for rapidly increasing the number of red blood-globules, and bringing the roses to the cheeks of the pale and chlorotic:

℞ Strychniæ sulphatis.....gr. j.
Sodæ arseniat .....grs. v.
Hydrarg. bichloridi.....grs. viij.
Potassæ carb., ...
Ferri sulph., āā.....℥ij.
Fiat pil. No. cxx.
One pill for a dose three or four times a day after food.

Where a patient has an aversion for pills, as many have, particularly in such a quantity and for such a length of time, I prescribe as a substitute the following mixture:

℞ Hydrarg. bichloridi..... ...grs. iss.
Sodæ arseniat..... .....grs. iij.
Strychniæ sulph..:.....gr. j.
Vini ferri amara .....f℥xvj.
Take small tablespoonful in water after each meal.

Of course, existing errors of digestion must first be corrected, in order that the remedies may be assimilated, after which I can vouch for their efficacy. It will be observed that the pill formula is a modification of the justly celebrated Blaud's pill, but the additional ingredients certainly greatly improve on it. The mixture formula is modified from one in use containing liquor potassii arsenitis, and tincture of nux vomica, but on account of the varying strength and unreliability of these two preparations, the sulphate of strychnia and arseniate of soda were substituted with advantage. The bichloride of mercury in both formulæ, aside from its recognized efficiency in the conditions indicated, is valuable in counteracting the constipation produced by prolonged use of iron.—G. H. KIRWAN, M. D., of Wilkes-Barre, in *Medical and Surgical Reporter*.

An Urethro-Plastic After Fracture of the Penis and Gangrene.

A man, æt. 26, injured his penis by stubbing it while erected against the symphysis of his wife. It immediately began to swell, without pain. He did not consult a doctor for four or five days, when a catheter had to be used. Rapid increase of the swelling, extending to the thighs and abdomen. From the tenth day catheterization was impossible, and an incision had to be made in the scrotum towards the perineum. Gangrene of scrotum reaching to right thigh. Profuse suppuration, involving cellullar tissue in thighs and abdomen, to some extent. The scrotum, except a narrow border on the left, sloughed off. The urethra in a length of 3 ctm., had only preserved its upper arch, and for this a plastic operation was determined on. A narrow flap was taken from the right thigh, reversed and sewed to the prepared up edges of the urethral remnant. A little of its upper portion mortified, but the remainder united. Later a second flap was made from the left thigh and the border remnant of scrotal skin, and then a third flap was brought down from the abdominal wall. A small portion of the urethra had not united, perhaps because of erections. A fourth operation closed this flap, and, to prevent erectile stretching, he ran a suture through the preputium and tied it to a firmly adherent flap. At one point there was a small recurrent fistula from growth of hair.—*Arch. f. klin. Chirg.* 1885. Bd. 32, Hft, IV. —*Annals of Surgery.*

An Alkaloid in Krout.

An alkaloid is stated to have been discovered in sauer-krout, capable of producing serious symptoms of poisoning, such as paralysis of the bulbo-spinal vaso-motor centres and the cardiac fasciculus of the pneumo-gastric nerve. The said alkaloid is credited with the power of entirely controlling delirium tremens.—*National Druggist.*

Malthus's Law and Tumour-Growth.

Malthus's law of population-increase by geometrical progression applies to the growth of tumours. The larger they have become, the more rapid is their rate of progress. It is a process of cell-multiplication; and the more numerous the cells, the greater the result of their doubling. It is important to remember this law, since it may help us: first, in prognosis: secondly, in emphasizing the importance of early treatment; and, thirdly, as showing the occasional advantage of methods of treatment which diminish bulk and retard growth, although there may be no hope of cure.

The Malthusian law is often remarkably illustrated in cases of rodent ulcer, which advance very slowly at first, and very rapidly later on.—JONATHAN HUTCHINSON, in *British Medical Journal.*

The inhalation of a grain of extract of belladonna in half an ounce of water, is recommended as highly useful in the dyspnœa of asthma and impending bronchitis.

A dentist in Michigan has the following sign over his door:' "Teeth extracted without pain. Laffing gas, 10 cents, a ha, ha!"

The Country Doctor.

Of over 2,000,000 of people, in Indiana, less than 300,000 live in cities of over ten thousand, and less than one half in hamlets or villages or cities of over fifty people. As a matter of fact then, of the four thousand or more doctors of Indiana, over one-half come under the list of country doctors.

To this class, greeting and good cheer! The city has always been built up by the country. The men of might and learning, of wealth and of influence are the outcome of country homes, and it is their grit and patience, their economy and pesistence, their virtue and beneficence, that becomes for a generation or two the ruling power in cities. As Mr. Carnagie has said, it is rarely more than three generations in this country from shirt-sleeves to shirt-sleeves again, but the country is prolific and holds out to the city a constant supply of the qualities in which greatness and success inhere and consist.

The writer is well aware that the old distinction between town and country is well nigh abolished by good roads and railways; by newspapers, by books and cheap postage; that any medicine or appliance the country doctor needs is within twenty-four hours of him by mail or express.

But still the country physicians constitute a class; they probably always will do so, and it is to be desired; for, as in law, in the ministry, in politics and in war, in commerce and enterprise, the country is bound to build up and reform the city, and in another generation the great doctors and surgeons of the cities will be as those of the present day, country born, country bred and educated.

Their mental qualities, self-reliance, simplicity, presence of mind and ready resource are of the kind that can only grow where a man must be self-contained and everything to himself.

Many instances might be cited where this tact, decision and sagacity has been possessed by men unknown outside their village or school district, but which if known and exercised in cities would have ranked the country doctor among the great names of the profession.

Take them all in all, says Dr. John Brown, of Edinburgh, in his "Spare Hours," (third series.) "our Gideon Grays are a class fully equal to other rural professional men in intelligence, humanity and skill, and in all that constitutes what we call worth, and they are, moreover, the best educated, the most useful, the most enlightened, as they certainly are the worst-paid and the hardest worked doctors in Christendom."

Gideon Gray, in Scott's story of the "Surgeon's Daughter," is a faithful type of this sturdy, warm-hearted, useful class of men, under whose rough clothes and blunt exterior you find professional skill and enthusiasm, intelligence, humanity, courage and science.

They deserve well of the people, and live in their heart of hearts. The typical country doctor is a source of information for his neighborhood. To him are put hard questions as to the natural world; he knows the beasts and plants; what is poisonous, what wholesome; mineral, ore, star, geography, travels; and may even hold his own with the circuit preacher, the college graduate who teaches the district school, and the country squire. Of course we speak of the best—the studious who have some insight into nature and books, who are not loafers and gossips about taverns and drug stores. Such do not stay: the intelligence of our Indiana people, made sharp by schools, by papers and conversation, soon finds them out and grants them little confidence and small living.

The country doctors, like the rest of us, have improved with the times; they study and trust nature, they conquer by submission and patience. With the whole profession, they also are better read; are more enlightened and have better appliances than fifty years ago, and of all physicians they excel in charity. For there is no free dispensary or city hospital for the poor; and if they forsake the poor in his distress, it is a sin that finds them out.

The picture drawn of the country doctor by Mr. McMaster, in the first volume of his history of the United States from the Revolution to the time of the Civil War, has point here. It has been quoted by a few medical journals, but we take it for granted few of our doctors have met it. It is the old time story of the good doctor who triumphs over an adverse environment, and becomes with the growing years one of the staunch pillars of his community:—

His apprenticeship ended, the half-educated youth returns to his native place, to assume the practice, and to follow in the footsteps of his father. There as years went by he grew in popularity and wealth. His genial face, his engaging manners, his hearty laugh, the twinkle with which he inquired of the blacksmith when the next boy was expected, the sincerity with which he asked after the health of the carpenter's daughter, the interest he took in the family of the poorest laborer, the good-nature with which he stopped to chat with the farm hands about the prospects of the corn crop and the turnip crop, made him the favorite for miles around. When he rode he knew the names

and personal history of the occupants of every house he passed. The farmer lads pulled off their hats and the girls dropped courtesies to him. Sunshine and rain, daylight and darkness were alike to him. He was present at every birth; he attended every burial; he sat with the minister at every death-bed, and put his name with the lawyer to every will.

And so the country doctor of a hundred years ago stood high in the graces of his fellowmen. He has gone over to the great but silent majority and has passed into history. But like Abou Ben-Adhem, may his tribe increase, and continue to grow in the greatness and charity of the medical profession.—*Indiana Medical Journal.*

Class Room Notes.

(From the College and Clinical Record.)

—Prof. Bartholow considers the hydrobromate the most eligible salt of caffeine.

—Prof. Gross speaks hopefully of the results of Pasteur's treatment for preventing *hydrophobia.*

—Prof. Bartholow advises the use of naphtholine, two to three grains, in pill form, for *stomach fermentation.*

—Prof. Parvin treated a case of *general pruritus* successfully by putting the patient on an absolute milk diet, and giving Fowler's solution, gtt. vij. ter die.

—Prof. Bartholow says that when the cause of *jaundice* has been removed, salicylic acid will remove the bile pigment from the blood more promptly than any other drug.

—Cases of *stomachal vertigo*, where the attack happens in the night or early morning, Prof. Da Costa often treats successfully by having the patient take a late supper of some easily digested food.

—Prof. Bartholow advises, as a local application in rheumatism—

℞. Olei gaultheriæ..... ℥j
Linimenti saponis..... ℥iij M.

—Prof. Bartholow prescribed, in a case of *tertiary syphilis*—

℞. Hydrarg. iodidi viridis,
Extract. Belladonnæ.....aa gr. ½. M.

SIG.—Ter die.

If this makes the bowels too loose, add opium.

—At the laryngeal department of the hospital, the local application of cocaine is considered the best means of affording relief, in *laryngeal phthisis*, to the distress in swallowing, and iodoform to promote the healing of the ulcers.

—Prof. Da Costa had, at the Pennsylvania Hospital, a rare sequel of typhoid fever—*perityphlitis.* He directed that it be treated with poultices, opium, quinine, and supporting measures; the aspirator to be used if any evidence of pus appeared.

—Prof. Bartholow advises the use of the indigenous *stillingia*, instead of the more expensive foreign drugs of the same group. It has long been used in the South as an alterative. Dr. Porcher, of Charleston, S. C., and Dr. Dawson, of Cincinnati, have been very successful with it in the treatment of *syphilis.*

—In the treatment of *surgical erysipelas*, Prof. Gross reports very favorable results from the hypodermic use of pilocarpine, first introduced by Prof. Da Costa in the treatment of the idiopathic form of the disease. Professor Gross has, however, had no case of erysipelas since he began the antiseptic treatment of wounds.

—Prof. Da Costa recently showed the class at Pennsylvania Hospital a very severe case of *lymphadenoma*, which had been much improved by these means, viz.: Syrup. ferri iodidi ℥j, ter die; Fowler's sol. gtt.v, ter die; no stimulants allowed; perfect rest and good food. "Early surgical interference in such cases might possibly be beneficial.

—At Professor Da Costa's clinic recently, there was a boy, æt. four years, who had had pure *nervous asthma*, since he was one year old. He was given—

℞. Sodii bromidi .....gr.iij
Tinct. belladonnæ..... gtt.j
Syrup. tolutan.....
Aquæ.....aa f℥ss. M.

SIG.—Ter die, well diluted.

—For a case of *renal inadequacy and gastric catarrh*, Prof. Da Costa ordered a strict diet, argent. oxid., gr. ½ and ext. belladonnæ, gr. 1/10 ter die, a saline for the bowels and for the kidneys:—

℞. Potass. acet..... gr.xx
Tinct. zingib ..... gtt.xx
Elixir. simp.....
Aquæ.....aa q. s. ad f℥ij. M.

SIG.—Every third hour, well diluted.

—For *congestion of the brain* following sunstroke, associated with slight *hypertrophy of the heart*, Prof. Da Costa advised a diet chiefly of milk and vegetables, hot mustard foot-baths, sinapisms to the back of the neck, and the following prescription twice daily, well diluted:—

℞. Ammonii bromid.....gr.xv
Tinct. Aconiti rad.....gtt.j
Elixir. simpl .....
Aquæ.....aa f℥ss. M.

—In the case of a much afflicted man having *mitral regurgitation*, fibroid liver and kidneys, with resulting ascites and œdema of the legs, Prof. Bartholow ordered pulvis jalapæ comp., for the latter trouble; for the digestion and liver, acid, nitric. dil., gtt.x, ter die; for the fibroid condition, after the other symptoms were modified:—

℞. Hydrarg. chloridi corrosivi.....gr.$\frac{1}{10}$
Auri et sodii chloridi.....gr.$\frac{1}{15}$. M.
SIG.—Ter die.

—In case of *diphtheritic paresis*, in which the muscles responded to the faradic current, Prof. Bartholow directed that this form of electricity should be used regularly; and internally should be taken—

℞. Strychninæ.....gr.j
Acid. phosphorici dil.....f℥j. M.
SIG.—Ten drops ter die.

In addition—

℞. Syr. hypophosph. cum. ferro.....f℥j.
SIG.—Ter die.

—Prof. Da Costa prescribed for a case of *hysteria*, the acute attack having been cured by the valerianate of zinc, the following:—

℞. Liq. arsenii chloridi.....gtt.v
Tinct. ferri chloridi.....gtt.xv
Syrup. simp.....gtt.x
Elixir. simp.....ad f℥j. M.
SIG.—This dose to be taken *ter die*, after meals, well diluted.

Every night this pill to be taken—

℞. Aloin.....gr.$\frac{1}{10}$
Ex. belladonnæ.....gr.$\frac{1}{2}$
Rhei.....gr.ij. M.

—Pro. Da Costa directed, in a case of *alcoholic hallucinations*, that all liquor be immediately stopped; that he take ext. erythroxylon (coca) fluid, gtt.xv ter die, to be raised to the point of tolerance; at night he is to take sodii bromidi gr. xv and chloral gr.x, in syrup and water, every hour, till quiet, but not more than four doses to be taken in one night. In these cases feeding is of great importance; he should take some nourishing, easily digested food every two hours, as milk, broth, oysters, eggs, and some just before going to bed.

NOTES OF HOSPITAL PRACTICE.

CLINIC OF PROF. J. M. DA COSTA, M. D.,

Malarial Toxæmia—Enlarged Spleen Treated by Ergot.

GENTLEMEN,—The patient before you is one whom you have previously seen. As he is about leaving the hospital, I thought it would be of interest to you to note the progress of the case as well as the results of treatment. He was before you on the 7th day of last month. [illegible] is the one who had the enormously enlarged [illegible]—whose system was saturated with chronic malarial poisoning. He had, as you may recall his history, irregular chills for three months preceding his coming into the wards, on the 21st of last October, and even after his admission he presented at times these irregular evidences of malarial infection. He was treated chiefly with quinine given in amounts not exceeding sixteen grains daily, and occasionally with mercurials to relieve a tendency to constipation, but he did not improve greatly. It is true that the manifestations of malarial poisoning, in so far as the outbreaks of chills were concerned, disappeared, but the enlargment of the spleen was very little influenced; and, in addition to this, I find, in a note made on the 7th of last month, that "he has a sallow skin, yellow-tinged conjunctiva, and his liver is slightly enlarged; and the spleen extends from the sixth rib nearly to the ilium, and horizontally the dulness extends to within three inches of the median line." There was also some dyspnœa, and a trace of albumen in the urine. There was no indication of disorder of the heart. Upon examination of the blood no change was detected in the usual proportion of the white corpuscles, but there was an actual decrease in the red of about one-half. Therefore it was a case of anæmia of splenic origin, due to the malarial poison with beginning leucæmia. I decided then to give him ergot,—a plan of treatment I originally employed several years ago and have found very successful. The quinine was reduced to tonic doses of six grains daily, and the fluid extract of ergot was given, a drachm three times a day.

The man has since then steadily improved. His tongue is clean, the lips are of good color, his conjunctivæ are clear, and his bowels are regular. The liver-dulness now has decreased to normal; but what will interest you most is the size of the spleen. The percussion-dulness, which formerly extended across to the ilium, I find this morning is not more than an inch below the border of the ribs; the uppper limit of dulness begins on a line drawn two and a half inches below the nipple, at the lower border of the sixth rib, and extends to about two fingers' breadth below the margin of the rib in the left axillary line. Transversely, the dulness does not now begin until about six or seven inches from the median line, so that the spleen has been reduced to nearly its normal conditions. It would be still considered a slightly-enlarged spleen in a person otherwise healthy, but it is only a little larger than normal, and we say that practically the spleen has been restored to its normal size. The temperature throughout has been about normal, except during the chills. The blood was again ex-

amined two days ago, and it was found that the proportion of red and white corpuscles had been restored to the normal; in other words, the red corpuscles had doubled in amount.

That the cure in this case may be attributed to the ergot, there can be no doubt. It was not due to the quinine, because that had been given before, and in large doses, without producing the same effect.

How is the ergot best administered? I first began to use it hypodermically, but the patient objected, and finally refused to allow it to be given in this way. He then was given half a drachm thrice daily by the mouth, and in a week the dose was increased to a drachm of a trustworthy fluid extract, and his stomach has borne it well.

I will not say that I prefer the administration by the mouth; hypodermically it acts more quickly, and when I began my observations some years since I used it in this way. But I soon found, especially in children, that the internal method of administration was also efficient, although slower. Therefore I adopted the rule to use ergot hypodermically in adults when a rapid result is desired, and where time is of less importance to give it by the mouth. How does the ergot act? I think by a constringing effect upon the blood-vessels: the spleen being a very vascular organ, the ergot acts upon its blood-vessels, reducing their size. What strikes us here is the interesting physiological fact that, under the action of the ergot upon the spleen, the blood has become normal. We gave him no iron. As his spleen came down in size the blood improved, although since admission he has had none of the remedies which are supposed to act upon the blood and increase the number of red corpuscles.

The patient is about to leave us, and the question now before us is, Shall he continue his treatment? I do not think it really necessary, but he may take the following, chiefly for its strengthening effect:

℞. Cinchonidæ sulphatis,.....gr. ij;
Extract. nucis vomicæ.....gr. ⅛;
Rhei,.....gr. j.
M. Ft. pil.

He shall take one of these pills morning and evening. The effect will be tonic, and at the same time the pills will keep the bowels in a soluble condition, and thus prevent anything like abdominal fulness. If he will pay proper attention to his diet, and live in the open air, I believe he will remain in health, to which he is now restored; so that it will not be necessary to continue this treatment for a very long time.

A Very Severe Case of Chorea Successfully Treated with Hyoscyamine.

I shall next show you a case which was one of the worst cases of chorea that I have ever seen in this hospital, or, indeed, anywhere else, but there is very little for you to see of the symptoms this morning, the boy has so much improved. The patient I am about to exhibit to you, and whose case I propose to make the subject of some clinical remarks, is a boy about 11 years of age. He has always been pale and weakly, and his friends, when he was brought here, said that he was always a very nervous child. Four weeks before the date when he was admitted (on the 14th of last month) he had an attack of acute rheumatism, which involved all the larger joints of his body. The rheumatism lasted about three weeks, but as it declined choreic symptoms began to be manifested. His hands and arms were first affected, and afterwards his legs.

When admitted, he was actually unable to walk; he was even unable to feed himself: in truth, the poor boy seemed in risk of starvation. He was wretchedly weak and emaciated. He could perform no co-ordinated movements with his arms or legs, and unless there was always somebody about to give him a drink of water and food he would have perished. This was not due to actual want of power in the muscles, but to the impossibility of performing any voluntary act requiring co-ordinated movements; yet when food was placed in his mouth deglutition was readily accomplished. When he came here he could not speak, he could not articulate a word. He could not put out his tongue, although he could open his mouth and move his jaws, but he could not ask for food. His expression was that of an imbecile, and he was reduced to a mere shadow. Indeed, I fear that you will hardly believe me, when you see him now, that he is the same boy whose history you have just heard.

When I first saw him, his arms and legs were constantly moving, both sides being equally affected. No power of grasp existed in his hands, though sensation did not seem impaired. He complained of pain when he was pinched. The patellar reflex was normal, and not exaggerated. No marked change in the electrical reactions was observed. His pupils were very much dilated; his pulse was only fifty per minute, and rather weak; there was a systolic mitral murmur heard at the apex. These are the main points in the case; but allow me to mention one or two more, so as to bring the case fairly before you as he was, before seeing him as he is. These involuntary muscular movements did not continue at night, when he

was asleep. His urine has been examined, but neither albumen nor sugar was detected. His bowels tend to constipation. We detected the mitral murmur shortly after admission.

Gentlemen, here was a case of unusually violent chorea. There was general loss of power from want of control over the muscular movements. It seemed that unless we could give this boy rest he must rapidly perish. I have already told you that he was unable to feed himself, or even to express his wants.

The ordinary remedies for chorea act slowly; arsenic, though one of the best of our therapeutic agents for this disorder, acts slowly; it takes time, and the loss of time here might be fatal. I then recalled a case of tremor which I had seen rapidly influenced by hyoscyamine, the active principle of hyoscyamus niger. I concluded to try it here. I ordered him to take one-two-hundredth of a grain to begin with, a decided dose for a boy of his age; but, not finding any marked influence, I concluded that it would be advisable to increase the dose to the one-hundredth of a grain, given three times a day. Now the effect was admirable. From the first few days the boy began to improve, and at this time he had some dryness of the throat and wanted his mouth frequently moistened. He soon became brighter in his mind; he took more interest in what was going on; he moved voluntarily in bed, and tried to help himself to food. His voice also returned, and he left his bed and began walking around the ward. After this his recovery was rapid and uninterrupted. He has had no other treatment than the hyoscyamine, and he is now so much improved, though he is still somewhat pale, that he may be looked upon as having recovered. He is sitting quietly; he has power over his hands, both in co-ordination and in grasp, although his grasp is still a little feeble. He walks and stands now without falling. His pupils are dilated, although not much.

The systolic apex-murmur persists: it is a chronic mitral regurgitant murmur. In every other respect the boy is nearly well.

Now, there are one or two points of clinical interest to which I would like to call your attention: first, some points which have nothing to do with the treatment; and, secondly, some which bear upon the treatment.

In the first place, this attack of chorea was clearly of rheumatic origin. It came on at the end of an attack of acute rheumatism. It is true that the boy was previously feeble and ill nourished, and that he was regarded as a nervous child; but the association of chorea with rheumatism is too close a one for us to regard it here as a mere coincidence. You can generally trace, in a case of chorea, a strong rheumatic element, either inherited or acquired. Occasionally you will get hold of a case just like this one, which I could easily duplicate from my experience. In this form, before the patient has left his bed or his attack of rheumatism is clearly over, the chorea is manifested: which makes the connection still closer. Now, it has been thought that there is an embolic process at work in the smaller blood-vessels of the motor centres in the brain and spinal cord; small vegetations which are formed upon the valves are washed into the arteries supplying the motor tracts, especially the corpora striata, and the subsequent disturbances of nutrition give rise to the irregular, unco-ordinated muscular movements. This is a plausible and ingenious theory; yet I cannot think that it is sufficient to account for all the features of the disease. There must be some want of stability of the motor centres, independent of the coarse lesions resulting from embolism, the evidence of the existence of which, moreover, is not complete, and which is certainly not constant.

You noticed the extraordinary extent to which the manifestations of chorea have been carried in this case. He had no voluntary control over his muscles, and at the same time his mind seemed to suffer: he was almost an idiot. When admitted, his temperature was 98¼°: therefore the attack of rheumatism was over, and these symptoms were not due to a fresh outburst of the rheumatic affection. The want of power in these muscles must also be taken into consideration, as showing a close relation between chorea and paralysis.

Now, coming to the question of treatment, the influence of the hyoscyamine, which was suggested by analogy from the treatment of tremor, was here strikingly manifest. I have told you that the dose was increased from one-two-hundredth of a grain to one-hundredth of a grain, without any bad effects; but when he was taking this quantity he complained of some dryness of the throat, although it never was so severe as to require us reduce the dose again. On the 21st of last month the daily amount was reduced to two granules instead of three. It was finally discontinued two days ago. Now he is perfectly steady and can control his movements; his tongue is clean and he has a good color; he is gaining flesh; indeed, he may be considered as well.

Did the hyoscyamine produce the striking effect, or did the rest in the hospital do it? That rest is good in all and can cure many cases of chorea, is admitted; but the improve-

ment here was too sudden—coming on in three or four days—and too great to be attributed entirely to the good nursing and the food which he received since he was admitted. It is claimed that hyoscyamine is a valuable antispasmodic and exercises a remarkable control over muscular movements: also that with the control of the movements the condition of the muscles is improved and all the functions increased. Even the blood has improved; for, though he is still anæmic, he is not so much so as he was. Within a week after beginning the treatment he was out of bed and walking around, but not so well as at present.

What shall be given further? Will not the condition remain? Not necessarily; for all the irregular muscular movements have ceased. He can take, however, for his anæmia, the elixir of the pyrophosphate of iron, a drachm three times a day, and stop the hyoscyamine as having accomplished its purpose.—*Philadelphia Medical Times.*

The Skin.

There's a skin without and a skin within,
A covering skin and a lining skin;
But the skin within is the skin without,
Doubled inward, and carried completely througout.

The palate, the nostrils, the windpipe and throat,
Are all of them lined with this inner coat;
Which through every part is made to extend,
Lungs, liver and bowels, from end to end.

The outside skin is a marvelous plan
For excreting the dregs of man;
While the inner extracts from the food and the air
What is needed the waste of the flesh to repair.

Too much brandy, whisky or gin,
Is apt to disorder the skin within;
While if dirty and dry, the skin without,
Refuses to let the sweat come out.

Good people all, have a care of your skin,
Both that without and that within;
To the first, give plenty of water and soap,
To the last, little else but water, we hope.

But always be very particular where
You get your water, your food and your air;
For if these be tainted or rendered impure,
It will have its effect on the blood, be sure.

The food which will ever for you be the best,
Is that you like most and can soonest digest;
All unripe fruit and decaying flesh
Beware of, and fish that is not very fresh.

Your water, transparent and pure as you think it,
Had better be filtered and boiled ere you drink it;
Unless you know surely that nothing unsound
Can have got to it over or under the ground.

But of all things the most I would have you beware,
Of breathing the poison of once-breathed air—
When in bed, whether out or at home you may be,
Always open the windows and let it go free.

With clothing and exercise keep yourself warm,
And change your clothes quickly if caught in a storm;
For a cold caught by chilling the outside skin,
Flies at once to the delicate lining within.

All you who thus kindly take care of your skin,
And attend to its wants without and within;
Need never of cholera feel any fears,
And your skin may last you a hundred years.

—Joseph Power, in *Pall Mall Gazette.*

A Splendid Assortment.

At one of the large retail clothing stores on Washington street an old lady, accompanied by a six-footer of a boy, both fresh from rural parts, appeared. The old lady inquired:—"Have yew an ulcer overcoat tew fit this lad?" "Yes, ma'am," replied a pert salesman, "we have ulcers, varioloids, typhoids, and all the fashionable styles." "Dear me," remarked the aged woman, "I think I have made a mistake. Ain't this the General Hospital? Come, Nathan, let us go tew some clothing store." And away they went, to the chagrin of the would-be witty clerk.—*Boston Budget.*

"O DOCTOR," said a man whose income was insufficient to satisfy the demands of his appetite, "don't let me slip through your fingers this time, just as oysters are going to be cheap again."

A moderate dose of salicylate of soda exerts its influence on the liver within half an hour after its entrance into the duodenum.

Typhoid fever and tuberculosis are the predominant diseases and causes of death in the French Army.

In gouty subjects, acute rheumatism is frequently ushered in by an attack of inflammatory sore throat.

Five or six drops of pure terebine on sugar, three times a day, are highly useful in chronic cough.

Original Communications.

Short articles on the treatment of diseases and experience with new remedies are solicited from the profession for this department; also difficult cases for diagnosis and treatment.

Articles accepted must be contributed to this journal *only*. The editors are not responsible for views expressed by contributors.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them: and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else —RUSKIN.

NOTICE.—Manuscript which is plainly written and free from errors is published promptly; but that which requires extensive correcting, revising or rewriting is liable to delay. When writing for publication, write *plainly* and carefully.

Cure of the Opium Habit.

Ed. MEDICAL WORLD:

In looking over your valuable journal I find an article on the opium habit which I fully endorse, having had quite an experience with that class of patients. I now take the patient to my own home and make him feel perfectly at ease. I put the drug, in whatever form he has been in the habit of taking it, within his reach so that he can get it, but do not allow him to administer it to himself. I make a full confidant of him and make him responsible for his own acts. I then cut him down as fast as I can without too much distress, and feed him well both physically and mentally. I get him to feel that he is a man and manly beyond a habit; and that he will soon be a free agent, not a slave to a habit, and that he is not depraved.

The last case came to me from Madison, Georgia; age 24 years; habit contracted two and a half years before from the use of the hypodermic syringe (in the hands of his medical (?) advisor) during a six weeks attack of rheumatism. He came under my notice Feb. 5th, 1886, taking ten grains of morphia hypodermically per day. I reduced him one-half the first week, then gradually each day until March 2d, (twenty-five days) when I stopped him entirely, or rather, he made up his mind of his own accord, as I had worked him up to a standard of will sufficient to control his own acts. For forty-eight hours he suffered some inconvenience; bowels loose, nasal discharge, pain in limbs, and the usual train of symptoms following the use of the drug. Yesterday, (March 28th,) he was discharged entirely cured, and with no other bad habits, such as the use of stimulants or other dosing. The only medication was bromide of sodium, tincture of capsicum, and lime water, the first four or five days after stopping. In my opinion, any case can be cured entirely. Some may take months, but any case can be cured if the plan as suggested by Dr. I. A. Loveland, your correspondent, be adopted. I must add that the patient just turned out cured is a young gentleman of good health and morals. His address is G. W. Fitzpatrick, Madison, Ga.

W. H. CRIM, M. D.,
185 West Fayette St., Baltimore, Md.

Retained Dead Fœtus.

Editor MEDICAL WORLD:

About the middle of last April, Mrs. P., aged 40, the mother of six children, came to me announcing that she had missed her menses twice, and that she knew there was something wrong, believing that the fœtus was dead. I told her that if such was the case it would soon be expelled; that at her age it might be change of life that caused her irregularity. I gave her a solution containing iron and phosphoric acid for months. At about the sixth month she was not as large as at the third, abdomen flabby. On examination I found womb about five inches long and two and a half in diameter: was able to introduce sound about four inches. At the seventh month she had a bloody discharge, free from odor, but very dark, lasting a couple of weeks; was very nervous; could not sleep unless under the influence of one or more of the bromides. At the eighth month the discharge reappeared, lasting until the ninth month, when I was sent for; found her nauseated, pale, feeling weary and anxious, flabby, open os. Gave squibbs ergot, wine of beef and iron. Returned next day and found a mass occupying mouth of womb; introduced speculum and with the aid of long forceps removed a dead fœtus about the size it should be at three months. The sack was so tough I had to cut it with a knife; fluid contents thick as molasses, and it with the dead fœtus was a yellowish brown color, without much unpleasant odor. The same day she had uterine hemorrhage, which continued more or less severe for a month. At the next period she menstruated, and continued regularly, and she gradually regained her usual health.

Randolph, O. G. O. FRASER, M. D.

Replies.

Editor MEDICAL WORLD:

Dr. Singleton's "obstinate case of sciatica" is, no doubt, a traumatic neuritis with exudation in region of the lumbar plexas. My treatment would be a thick covering of cotton-wool to the whole leg and back, held in place by a light bandage and a long splint from axilla to heel firmly strapped to chest and leg. I would leave a space over the seat of the sharp pain where he

was hurt and blister it repeatedly. Perfect rest in bed and twenty or thirty grains of iodide of potassium per day and small doses of tr. cincho, co., would very likely promote a rapid cure.

I am surprised at I. R. S. expecting that a vaccination that suppurated in twenty-four hours would protect a child from small-pox. The virus must have been impure in some way, or the child's blood must have been in a very bad state. I have been vaccinating for the Board of Health this winter, and I have concluded from my experience that when the cut for vaccination suppurates before the vesicle forms that the vaccine virus fails to take and no protection is afforded. Consequently I am not surprised that Frank had confluent small-pox.

I wrote you in the January Number in the article "Stamping out Small-pox" that a sea captain had taken the small-pox from his family and went to Boston and died. I have since learned positively that he had never been vaccinated. Since then every house in this city has been visited by a medical man appointed by the Board of Health and every person who had not been vaccinated within a few years was vaccinated. The Board of Health officers have vaccinated nearly 8coo persons since last June in this city and Portland, an adjacent town in immediate contact with St. John, the two being virtually one city. Of course, some persons eluded the public vaccinators, but the number is not large. Small-pox has not been epidemic here for many years, and now we consider ourselves almost invulnerable to the dread disease that so terribly scourged Montreal last year.

I have used humanized lymph only, and have had good vaccine vesicles and no sloughing sores afterward. I know of four cases of axillary abscess in over one thousand cases, and not any other serious implication.

THOS. W. MUSGROVE, M.D.,
Carleton, St. John, N. B.

A Case of Poisoning from Nutmeg.

Editor MEDICAL WORLD:

On March 1st I was called to see a patient suffering from the above cause. I found her sitting up and looking a little sleepy, but otherwise I could discover nothing unusual. When asked how she was complaining she replied that she was suffering from a headache; and when asked if she was subject to it said she had never had it but once or twice before in her life. She complained that she felt like she was drunk on opium, and that her right side felt something like your fore-arm does when you strike your elbow. She said: "I don't know what I am doing or saying for more than a second or two at a time, and every thing I say sounds silly. My brain seems compressed, like my head was too small for it."

She is a perfectly healthy woman, and was never sick much in her life. She had not mentioned the fact of her having taken the nutmegs, and she talked and acted so strangely and gave such peculiar symptoms. I hadn't the slightest idea what ailed her. She asked me if I thought she was going crazy. I told her I did not, but I was beginning to think that one of us must be, when she mentioned the fact of her having taken the nutmegs. She came unwell that morning, and at first I thought I had a hysterical patient to deal with; but her pulse was 108 and rather weak, and she had no fever, so I excluded hysteria.

She said she had a slight pain in her stomach that morning, and at about eleven o'clock she took a nutmeg and a half. At twelve she was feeling a little stupid and took a glass of sweet milk, but threw it up in about ten minutes. I at once settled on the nutmegs as the cause of the trouble, as I could find nothing else, but I was still very doubtful about it as I had never seen or heard of a case of poisoning from it.

It was about half-past four p. m. when I saw her. I gave her a stimulant, a little bromide of potassium and a dose of salts. The next morning she was as well as ever.

On referring to my U S. Dispensatory I find that nutmegs "have considerable narcotic power when taken in drachm doses, and have been known to produce stupor and delirium." Also that "dangerous consequences have followed their free use in India."

F. J. RUNYON, M. D.

Trenton, Ky., March 3d, 1886.

[A few years ago we had a case almost exactly similar to the above, caused by eating mace (the covering or hull of nutmegs).—ED.]

Was it Catalepsy?

Editor MEDICAL WORLD:

Dr. C. S. Rozzelle's article, on page 26 of January WORLD, induces me to report a case that I was called to attend in 1878.

Mrs. E. G., aged 24 years, mother of two children, for several years afflicted with epilepsy. Arriving at her house I found Dr. Ware in attendance. On entering the room I discovered the Dr. and the lady's husband, one on either side of the bed, holding the patient by the arms, raising her to standing position, then letting her fall back on the bed. I noticed that every muscle seemed to be as rigid as if formed of wood. This lasted two or three minutes, when it passed off leaving the patient perfectly well apparently. Could talk and tell me her feelings. In five minutes another spa—

came on. This lasted fifteen minutes. Her limbs were perfectly rigid; two stout men could not move or change the position they were in. When the spasm came on the eyeballs remained fixed, and the eyelids did not move. The skin was natural in temperature, the pulse could scarcely be felt, her breathing was so slight that it was necessary to hold a glass over the face to determine if she was yet alive. The first evidence of life was a deep inspiration. The recovery was as sudden as the attack. Never having seen such a case, I was a good deal puzzled to diagnose it. On returning to consult, I pronounced it a case of catalepsy, the doctor agreeing. Up to this time she had had 135 spasms. The doctor and myself failed to agree as to cause and treatment, and he retired from the case, much to my regret. On returning to the room we learned that she had a spasm during our absence. I immediately gave her

Sulphate of Morphine..... gr. ½
Chloroform..... ʒ ½

this secured her a rest for three hours. I then repeated the dose after each spasm, which was from three to five hours. I then endeavored to discover the cause, and decided it to be the result of an irritated gravid uterus, and told the patient my opinion. She declared that I must be mistaken. If she was pregnant she was not aware of it. I made a vaginal examination, and in passing the finger around the womb (it being very low down) the organ seemed to be normal in size, but a peculiar feeling of the os and cervix attracted my attention. I passed the finger into the womb without any difficulty, and to my surprise found it also normal, as I believed. On a second examination I discovered that the fundus did not feel natural. Pushing my investigation on, I found that there was an hour glass contraction of the uterus, and that the fœtus was incased in the upper part. I informed the patient and her husband of the facts in the case and requested the family physician be sent for in order to assist me in relieving the patient of the cause of irritation, as that was the only course to be adopted that would save her. Drs. P. and G., of Gatesville, were sent for and soon arrived (the spasms continuing at irregular intervals of from two to six hours). The doctors each made an examination, and on returning for consultation Dr. P., the family physician, said it was an aggravated case of epilepsy. Dr. G. said he was at sea—did not know what it was. I then told them my views of case, when another examination by speculum was had, both doctors differing from my opinion. Nothing was done only the use of antispasmodics was continued for two weeks. The patient by this time was greatly exhausted. I was again sent for (having given up the case to Drs. P. and G.). On arriving I again examined the uterus and found the os dilated to the size of a half dollar, cervix soft, the contraction giving away. I told the patient that if she would consent I would produce abortion, the only thing that would save her life. She said, "doctor, if you think I am pregnant, do what you think is best." I started her husband after some spirits, and then introduced a common knitting needle with which I ruptured the membrane, and gave her ʒj Fluid Extract Gossypium. In two hours the fœtus was expelled, and she has never had a spasm since. Has regained her health and is now the happy mother of five children. Was I correct in diagnosing the case catalepsy? and was the producing of abortion justifiable? Would be pleased to hear through the MEDICAL WORLD the opinions of the brethren.

Big Valley, Tex. A. H. WILSON, M. D.

A Curiosity.

Editor MEDICAL WORLD:

A patient of mine met with an accident some two months since, which resulted in necrosis of the third joint of the little finger. The diseased bone was removed, and a *well formed nail* can now be seen upon the *inner* surface of the finger instead of upon the *outer* surface. Can any of your readers match this case?

A brother practitioner tells me that he has treated a case of meningitis produced by diving, and that he found the tympanum ruptured and an otitis present. L. G. DOANE, M. D.

Enlarged Breast in a Young Girl.

Editor MEDICAL WORLD:

I have a case on hand that is troubling me very much. Won't you or some of the brethren advise me what it is and what the treatment should be? I confess I am at a loss what to do. The case is a young girl about thirteen whom her mother brought for examination and treatment a week ago, stating that one of the girl's breasts from some cause or other was four or five times larger than the other, without, as far as she knew, any cause for it. On examination I found the left breast about the size of a small peach and perfectly healthy and natural, as it should be; the right I found five or six times as large as the left, the skin tense and hot, the veins distended and the glands enlarged. There was scarcely any tenderness under pressure, and she complained of very little pain; was not compelled to quit work (picking cotton). I questioned her care-

fully as to a blow or bruise, but she and her mother both denied any knowledge of anything of the kind, neither could I find any evidence of such. I ordered bromide of potash internally and iodide of potash ointment locally, and requested to report. Yesterday she returned, medicine out. On examination I found the enlargement diminished, but so little that it was scarcely appreciable; there was no tenderness at all and no pain; she was still able to work without inconvenience; the glands were as hard as before. I examined carefully for abscess, but could find no evidence of any. Now I should be pleased to have your or any subscriber's advice as to treatment, and opinion as to what is the cause of the enlargement.

Bullitt's Bayou, La. J. D. USHER, M. D.

[What glands do you mean that were enlarged; the axillary glands, or the glandular tissue of the organ? It may be hypertrophy—increase of the normal tissue of the part. It came on gradually, did it not? We remember one similar case reported a few years ago, in which both breasts of a young girl became enormously hypertrophied. Amputation was successfully resorted to.—ED.]

Two Cases.

Editor MEDICAL WORLD:

Noticing Dr. Lewis' case of encephalocele in February WORLD I thought I would report a case which came under my observation.

On the 31st of October, 1884, the anxious father (as it was the first child the father was all the more solicitous about it) called upon me and wished me "to go up and see the baby, as it had two lumps on its head, and he didn't know what was the matter with it." On arriving at the house I found the child, then about two weeks old, apparently bright and healthy, with the exception of the two "lumps" which were situated one on each side of the head over the accipito-parietal sutures. They were small, elastic tumors, oval in shape and about the size of a large goose egg cut in two in its long diameter. They had broad attachments and gave a soft doughy feel on palpation, with no alteration or discoloration of the integument. There did not seem to be any pain present and the child had always been "good."

The parents informed me that the lumps had increased in size since birth, and they were somewhat frightened about it as they had not had any doctor to attend the woman during confinement, and thought it might be a cancer. I assured them they need have no fears in that direction, and ordered them to keep the tumors bathed with a dilute solution of salt and vinegar, and to use a gentle kneading motion with the finger over the tumor two or three times daily. At the end of five months the tumor had almost entirely disappeared, and at present the head is perfectly natural, and shows no trace of the former deformity.

In December last, C. J., age 33, called upon me and complained of suffering extreme pain in the region of the anus so that he could not work, and the pain was especially severe while sitting, causing him to keep the horizontal position when not on his feet. On examination I found two small swellings, one located about half an inch to the right of the anal opening and the other about an inch and a half further toward the right, and upon the buttock.

I told him I thought he was going to have two abscesses, and advised him to poultice them with flaxseed. He did so, and the next day I saw them again, when they were "ripening" up rapidly. Told him I would call next day and lance them. But, lo! when I called next day they had opened themselves, and holding up two thin, triangular shaped, sharp pointed objects about a quarter of an inch broad, he said: "Look here, doctor, after those abscesses broke I passed my hand over them, and feeling something sharp I pulled one of these out of each abscess."

I examined the objects closely and found them to be two apple hulls. He then informed me that he was in the habit of eating a great many apples, and always ate the core. I can only account for it by supposing that the sharp hulls had cut their way through the coatings of the bowel and taking different directions ulcerated through the deeper tissues, coming out as above explained. I was apprehensive of fistula in anus following, but the abscesses healed rapidly, and he has had no further trouble.

CLINTON G. COOLEY, M. D.

Pine Bush, N. Y.

Croup vs. Diphtheria.

[By F. W. Putman, M. D., Binghamton. N. Y.]

Editor MEDICAL WORLD:

Readers of THE MEDICAL WORLD who receive *The Medical Record*, of New York, will remember an article in the latter journal, the last of last year, on the subject of the identity of diphtheria and membranous croup.

From some correspondence which I have had, I have received the impression that at least a few of the leaders of the profession incline to the belief that the two conditions are really one and the same disease. In other words, there is no such disease as membranous

croup. The advocates of this theory do not deny the existence of diphtheria.

Possibly a little discussion on the subject in the columns of THE WORLD may be of benefit to us all.

I am aware that it is possible for many of us to change our minds (certainly an "inalienable right") on many subjects, when we sit down and carefully analyze cases and symptoms. Perhaps some of the readers of THE WORLD who have always stoutly maintained an individuality for each disease, will conclude, upon closer examination of symptoms and cases, that, after all, the two conditions are but manifestations of one and the same disease.

Another Unexpected Babe.

Ed. MEDICAL WORLD:

I have just been reading Dr. D. Armond's article, "An Unexpected Babe," in March WORLD, page 93. I will relate a circumstance similar to his. I have not any notes at hand to give exact dates, as it occurred before my removal to this place. I think it was in the fall of 1879. A Mrs. B. consulted me several times in the spring in regard to some menstrual irregularities—too frequent and profuse flows. I suggested pregnancy to her, but she was certain she was not in that condition. I saw her several times during the summer and she said she was feeling pretty well, but had some trouble with her monthlies. I had not seen her for some time until one afternoon she came into my office and was looking unusually well. She made the remark that she had not come for medicine for herself, but for one of the children. She told me that for a month or more she had been very well, and had that day ridden in from home, six miles in the country. I was surprised to see her looking so well as she was not a very robust woman.

I was awakened about ten o'clock that night by a messenger who requested me to visit Mrs. B., as she was having something like cramp colic. I drove out and on entering the room noticed that she was having a pain, which soon subsided, but in a few moments another came on. I applied my hand over the uterus and said: "Mrs. B, you are in labor." She was inclined not to believe me. I made an examination and found the vertex presenting at vulva, and at the end of the pain a faint cry was heard by all in the room. The babe was born alive and lived a couple of days. To say that we were all surprised is drawing it mildly. She told me that she was not aware of her condition. There was no reason for her to deceive any one, as she was married and was the mother of several children, the youngest about two years old. The babe seemed near term—I think about the eighth month. Hoping that this will interest some of your readers, I am

Yours Respectfully,

E. J. SMITH, M. D.

Harlan, Iowa.

A Case.

Editor MEDICAL WORLD:

During the last three months I have prescribed occasionally for a case of diabetes mellitus, caused by a severe nervous shock, sustained about two years ago.

When I first saw the patient he was partially paralyzed, and the urine contained a large amount of sugar, but there has been a decided improvement under the use of massage, and diet as prescribed by Drs. Tyson and Flint, in Pepper's System of Medicine.

The drugs used were: opium, dilute phosphoric acid, salicylate of soda, and nux vomica, and I think I derived benefit from all except the last.

The circulation is very sluggish owing to deficient nerve power, and there is a tendency to the deposit of lime as a result. (See Calcification in Reference Handbook of Med. Sciences, by Wm. Wood & Co.)

About January 20th he began to be troubled with what is usually called an ingrowing nail on large toe of right foot, but would not allow me to operate until February 5th, during which time the foot did not get its accustomed rubbing on account of the pain it caused. On February 6th there was considerable pain in the small toe and outer side of foot, and by the 10th two-thirds of the toe was blue, and a line of demarcation very distinct. I found that rubbing the limb relieved the pain, and concluded that in this case at least, pain was "a prayer of the nerve for healthy blood." After three days' almost constant rubbing the line began to fade and gradually advance until the end of the toe was reached.

Would have amputated, but was afraid the obstruction was some place in the foot, and that the stump would not heal.

I believe that systematic and persistent rubbing, if commenced early, will do more towards the cure of senile gangrene than all else combined. Patient is over 65 years of age.

In the June number of THE WORLD I said that fats were stored up as adipose tissue, when in reality the greater part of them is used as fuel. I saw my mistake some time ago but was waiting for some one to "haul me over the coals."

Paris, Ill. W. H. TEN BROECK.

Questions Asked.

Editor MEDICAL WORLD:

I would be very much obliged if some of the many readers of THE WORLD would give me, through its columns, their treatment for chronic or follicular pharyngitis. I find it in many cases a very stubborn disease to cure. I would also like treatment for hyperæmia of lungs, or pulmonary congestion. We all know that a patient's life in the latter disease or condition is of short duration unless relief is afforded, and that right early. There is very little to be found in the text books to assist us when the emergency arises, and the friends are anxious and the physician is closely watched and questioned. Our reputation is at stake, and in our anxiety we scarcely know what to do. I refer more particularly when it sets in as a complication, and the patient is already weakened or prostrated with the original disease.

We are having a run of scarlatina, measles, diphtheria and whooping cough here this winter; not many deaths.

Toronto, Canada. A. NOXON, M. D.

Post Partum Bandage.

Editor MEDICAL WORLD:

I would be pleased to have *every reader* of THE WORLD drop me a postal or letter stating whether he is in the habit of applying a bandage after labor or not. If they use a bandage, is it simply a straight piece of cloth? or one "cut to fit" the person?

As there is a difference of opinion, I would like to learn how the profession at large stands on this question.

I will put the answers in shape and send to THE WORLD for publication.

S. J. SMITH, M. D.

Charlotte, Monroe Co., N.Y.

Tape-Worm Remedy.

Editor MEDICAL WORLD:

Referring to an inquiry made recently by Dr. Long for "a sure remedy for tape-worm," I have found nothing at all comparable with *Tanret's Pelletiérine*, sold in the shops in vials containing one dose, and to be administered of course after a fast, and followed in about an hour by an active purgative, as with other tæniacides. Should mechanical assistance in expulsion be necessary, a copious enema will greatly facilitate expulsion.

Wheatland, Texas. G. V. HALB, M. D.

ALL natural or artificial mineral waters employed for laxative or purgative purposes will be found to act much more efficiently if taken in milk.

Anomalous Action of Kerosene Oil.

Editor MEDICAL WORLD:

One of your correspondents in the February number recommends gum camphor dissolved in kerosene oil, as a popular household liniment. Allow me to call attention to notes which I have of a case in which kerosene oil had been used externally.

I was called Jan. 28th to see a healthy, muscular negro laborer, aged about 35, who two weeks before, had for some passing pains applied kerosene oil freely over his arm and shoulder, wrapping the parts and going to bed. In two or three hours after "he broke out in blisters wherever the oil touched." These afterwards changed to raised sores or boils.

When seen by me his arm, shoulder and side of chest in contact with the arm were covered with these boils so thickly that a half dollar could not be placed over a healthy place. Two of them were two and three inches in diameter, and had been discharging several days. The others were smaller.

The treatment employed was to inject the largest at several points around the base with a solution of carbolic acid, with the internal administration of liq. pot. arsen., which was substituted by sulphide of calcium as soon as it could be obtained. He made a good recovery.

Natural Bridge, Va. W. A. PLECKER, M. D.

Suggestions and Replies.

Editor MEDICAL WORLD.

I receive a great amount of valuable information each month in reading THE WORLD. It truly is a little world of medicine of itself. The average physician needs just such a journal to brighten up his "rusty spots," so to speak, and also to aid in adding valuable improvements to his already well regulated practice.

I think Dr. L. H. Washington's treatment in scarlatina is a very excellent one, and one that is quite generally used. We have had considerable scarlatina here in our county this winter, but mostly of the simple form. As a prophylactic, diuretic and febrifuge, I have had a happy result from the following:

℞ Liq amon. acet.....ʒ j
Spts. æth. nit.....ʒ j
Syr simp.....ʒ ij
Sanguinariæ nit.....gr i

M. Sig.—Teaspoonful three times a day to a child two to five years old.

In every case where it was given early in the disease, or before it was contracted the child was scarcely confined to its bed, and in no case were there any signs of dropsy.

I think Dr. J. B. Robison's case would be benefited by using the following:

℞ Fluid extract of marsh mallow, queen of meadows, dwarf alder and uva ursa of each.....oz. 1
Boiling water.....oz. 12
Mix. Let cool and add:
Holland gin .....pint 1
Simple syrup .....oz. 2
Mix. Sig.—Teaspoonful three times daly, half an hour before meals and on going to bed. Also wash the scrotum with very warm water and castile soap morning and evening, and apply cosmoline, zinc ointment, after each washing.

I should like Dr. S. H. Singleton to try in his case of sciatica, quinia sulph. gr. v and iodoform gr. i; to be given at one dose in a capsule and repeated every four hours, and apply along the nerve camphorated oil made as follows: Saturated tincture of camphor (made with chloroform) ℥ j; olive oil (Malaga) ℥ iss. M. S.—Apply freely several times a day, and cover with flannel or oiled silk.

Should he try the above I would be pleased if he would report results through the columns of THE WORLD.

JEWELL, IOWA. F. W. MCCANON, M. D.

The Metric System.

Editor MEDICAL WORLD:

I feel like endorsing what Dr. Palmer says about the "metric monstrosity." I never was in love with it. If it were any more perfect than the system now in use, I should not think it advisable to sacrifice the number of lives that would be sacrificed in order to make the change. I notice occasionally some writers for the journals show the "craze." I am very sorry to see that so good a work as "Wood's Handbook of Medical Sciences" does not escape the craze, in many cases the doses being given in the metric scale, while C° comes in quite often where F° should be used, as the Fahrenheit thermometer is in almost universal use in this country. What would have been a very valuable article on page 94, Vol. ii., is spoiled by using ctm. and kilos, terms foreign to this country. No reader cares to stop to figure out what was meant by these terms. I think it was Longfellow who said he could find words sufficient to express himself in the English language. It would be well if our medical writers would follow his example in this matter. S. J. SMITH, M. D.

Charlotte, N. Y.

Vomiting of Pregnancy.

Editor MEDICAL WORLD:

I have recently had a case of vomiting of pregnancy that was persistent and would not yield to the "usual remedies." Thinking, possibly, that a brief account of my experience may be of service to some one, if for no other reason than to dispel the cloud of specific medication in this distressing complaint, I have concluded to offer the following:

When I was first called to the case the lady had been on her back in bed three weeks. There was not so much vomiting, but a great deal of sickness at the stomach, and she was salivating profusely. She was also constipated.

I thought I would try tincture of nux vomica in half drop doses at first, as suggested by Bartholow. Within a very short time I was enabled to verify the following statement from this most excellent authority: "Like all other remedies, nux vomica often fails in this malady." Bismuth, pepsin, dyspeptine, lactopeptine, oxalate of cerium, bicarbonate of soda, lime water, fluid extract of ipecac, Fowler's Solution, belladonna, compound tincture of iodine, popcorn, burnt coffee, wine of coca, Horsford's acid phosphate, beef peptonoids, calomel on the tongue dry, mercury and chalk, hot stimulants, pills of extracts of belladonna and nux vomica, resins of podophylin and leptandrin, aloin, pills of blue mass, castor oil, hydrate of chloral per rectum, and dilating the cervical canal by the rapid method, as suggested by Prof. Wylie, all helped to impress on my mind the true meaning of the above quotation. Read the sentence again. "Like *all* other remedies," etc.

Finally at the end of ten or twelve days she was able to take and retain beef tea and crackers together. Calcined magnesia in lemonade acted best upon the bowels, and mustard did the most good on the bottom of the feet. Many times have I heard Prof. Loomis remark: "There are *no specifics*, gentlemen."

Binghamton, N. Y. F. W. PUTNAM, M. D.

A Useful Suppository.

Editor MEDICAL WORLD:

The following is a most successful suppository for variocose hemorrhoidal veins, pruritus ani and ulceration:—

℞. Acidi Carbolici.....grs. xviij
Iodoformi.....grs. xxiv
Extracti Hyoscyami Alcoholici....grs xij
Asafœtidæ Pulveris.....grs. xlviij
Olei Theobromæ.....grs. cccl x
Misce. Fiant Suppositoria xij

SIGNA.—Insert one suppository at bed-time.

JOSEPH M. LEWIS, M. D.

No. 150 Fourth St., San Francisco, Cal.

A GRAIN of sulphate of morphia in four ounces of aqua chloroformi (P. B.) makes an efficacious mixture for irritative cough. A teaspoonful every hour.

THE addition of borax to bromide mixtures seems to materially increase their efficacy in the treatment of epilepsy.

For Obstinate Vomiting.

Editor MEDICAL WORLD:

For obstinate vomiting in irritable stomachs, with or without gaseous eructations, I find the following to act in many cases where all else fail:

℞ Acidi carbolici.....gtt xii
Tinct. Iodi.....gtt xxiv
Aquæ pura.....ʒ ij
M. Sig. teaspoonful every hour until relieved.

Westphalia, Kansas. T. KIRKPATRICK, M. D.

Chronic Nasal and Pharyngeal Catarrh.

Editor MEDICAL WORLD:

Dr. L. J. Rous, in Quiz Column, February number, asks for experience and treatment for above disease. A few years ago Dr. T. Clowes Brown, of Frederickton, N. B., gave me the following treatment, which he claimed to be very satisfactory. My experience with the same has been decidedly successful.

℞ Morph. sulph.....gr. v
Iodoformi.....gr. x
Acid carbolici.....
Ext. hyosciami.....ääʒ ss
Cosmoline.....
Vaseline.....ääʒ ss

Mix. Sig.—Direct the patient to wash out nasal cavities thoroughly with warm water every evening at bed time; then saturate pieces of cotton-wool the size of an ordinary bean, and introduce one into each nostril, leaving them there until morning. During the next week perform the treatment every other night.

J. T. ATKINSON, M. D.

Oak Hill, New Brunswick.

A Case for Treatment.

Editor MEDICAL WORLD:

I would like to get some light on the following case from your numerous subscribers: Girl 15 years old, had croup severely at 12 months of age. In 1872 had measles followed by cholera infantum; was very low from June 30th till September 20th; then followed mumps and whooping cough. In August, 1882, she complained of her head and had light spasms; in October she took down with typhoid fever. Has had epilepsy occasionally ever since. As the fit ceases an enormous quantity of wind escapes from the bowels. She has no trouble as long as her bowels are lax. Has never menstruated; otherwise well developed; has a ravenous appetite; poor teeth, wishes meat diet; looks well all the while, lively and gay; sleeps well. It has as yet caused no mental trouble.

I will be under many obligations for suggestions.

Benton, Mo. C. C. HARRIS.

Erysipelas.

Editor of the WORLD:

If your readers are not glued to their idols, try the following, and for every failure send a brick this way:

First, give a brisk cathartic. For the fever, the following:

℞ Tr. aconiti.....gtt. xvi
Spts. nit. dulc.....ʒ j
Camph. tinct. opii., syr. scillæ.....ää ʒ ss
Aquæ camphoræ.....ad ʒ iv
M. Sig.—One teaspoonful every two or three hours.

To neutralize the poison, give:

℞ Tr. ferri chloridi.....ʒ j
Tr. capsici.....gtt xx
Sulph. quiniæ.....ʒ j
M. Sig—Twenty drops four or five times a day, largely diluted.

Local treatment:

℞ Tr. iodi. glycerinæ.....ää ʒ j
Alcoholis.....ʒ vi
M. Sig.—Bathe the parts several times a day, alternated with the following:
℞ Copperas.....ʒ j
Aquæ.....℥ j
M.—As a wash.

DELIRIUM TREMENS.

Ha! Snakes! Cut off his eyes as they burst forth from their sockets to see how big his snakeship is. Terrible suffering; the curse of rum. Help! Treatment:

℞ Hot beef tea.....oz. 8
Tr. capsicum.....oz. ½
Mix.—One half or this quantity every four hours, continue as long as necessary.

To produce sleep and quiet the brain, the following:

℞ Potass. brom.....ʒ j
Morphiæ sulph.....gr. iv
Aquæ.....ʒ iv
M. Sig—One teaspoonful every hour for three hours, then for the other part to be given mixed with a teaspoonful of the following:
℞ Tr asafœtidæ, tr. capsici,.....ää ʒ ss
M.—Keep the stomach stimulated, or "on fire," so as to attract the blood from the brain, and a cure will follow. Hence the use of capsicum. Afterwards build up the system with tonics containing strychnia and capsicum.

J. ZACK TAYLOR, M. D.

Deal's Island, Md.

To Stop Vomiting.

Editor MEDICAL WORLD:

Physicians are often at a loss for a remedy which will check vomiting. The following agents are recommended: 1. Bismuth preparations. 2. Pepsine preparations. 3. Soda and its salts. 4. Oxalate of cerium.

There is, however, a remedy which should be universally used, viz: *ice*. Pound or break into small pieces and feed *ad libitum*. Ice can be used in any of the inflammations, and is

retained by the weakest stomach. Added to milk or lemonade it acts better than any of the agents mentioned above.

New York City. L. G. DOANE, M. D.

For Tape Worm.

Ed. MEDICAL WORLD:

In your February number Dr. Craig recommends as a sure remedy for tape worm ethereal extract of male fern. The ethereal extract is *not* sure. The best and perfect sure cure, by which fasting is not necessary, is the following:

℞ Ext. filic. mar. (male fern).....7 0 (ʒ i 4-5)
Divide in capsules No. xii.

To be given after breakfast. In from two to three hours after taking the patient will be relieved of tape worm. Children from five to seven years give 3.0 (grs. 46).

If capsules can't be taken, give:

℞ Ext. filic. mar .....5.0 (ʒ i½)
Pulv. acaciæ.....2.5 (grs. 38½)
Aquæ dest.....5.0 (f ʒ i¼)
Syr. simpl.....15.0 (f ʒ 3)

M. S. To be taken in time of half an hour; quarter hour later half a tablespoonful of castor oil.

West Franklin, Ind. E. H. HENSLER, M. D.

For Rheumatism.

ACUTE OR CHRONIC.

Editor MEDICAL WORLD:

The following is a splendid preparation, does not disagree with the stomach and is equal, if not superior, to the so-much advertised nostrum, "Athlophoros." In acute rheumatism its effect is almost magical:

℞ Fl.-ext. gelsemium (green root).....f ʒ ij
Fl.-ext hydrastis cam... .....
Fl -ext. phytolaccæ .....āā f ʒ iij
Tinct. rhus toxicod.....f ʒ j
Tinct iodi.....f ʒ ss
Ammon. carb ..... ʒ ss
Sodii salicyl col..... ʒ ij
Morphiæ sulph .....gr. j
Aquæ pip. menth..... .....f ʒ jss
Syr. zingiberis q. s..... ad f ʒ iv

M. Sig —Teaspoonful five times a day.

W. HAMBROER, M. D.

Appleton, Wis.

Eczema of Scrotum.

Editor MEDICAL WORLD:

In reply to Dr. Robinson, of Half Rock, Maine, I would say that I think he has a case of eczema of the scrotum. The following has proven very good for this trouble in my practice:

℞ Linamenti calcis. .....ʒ ij
Ext belladonnæ.....gr. vj
Zinci oxidi.....ʒ j
Glycerinæ.....ʒ ij
Aq calcis.....ʒ ij

M. Sig —To be applied at night after bathing the part in hot water.

I. O. NELLIS, M. D.

Herkimer, N. Y.

Cocaine Will *not* Cure Morphinism.

Editor MEDICAL WORLD:

In the March number of THE MEDICAL WORLD, Dr. Johnson asks if cocaine will cure morphinism, and in reply I will state that it will *not*, in my opinion. It may be an agent of great value in connection with other remedies in the treatment of the habit, but its real position has not yet been determined. This was the reason why I did not mention it in my recent article on the subject in THE WORLD. I do not know of a single medicine that can be depended upon in the treatment of the morphine habit. To be successful, a skillful selection of many remedial agents must be made.

I. A. LOVELAND. M. D.

Gilsum, N. H.

Questions Asked.

Editor MEDICAL WORLD:

We have a certain skin eruption in our part of the country, and I also notice that it is in other parts of this continent. I have tried most all antiparasitic remedies and everything else recommended, but find that in most cases my success is but limited. Some of my patients tell me that "Woodford's Sanitary Lotion" cures it every time. Now if some of the friends will give me the formula, so I can convince myself of its merits, I should be very much obliged.

I also would like to get a remedy for Tapeworm which has been tried with success. Please give full directions.

FULINS WESSELOWSKI, M. D.

Little River, Kas.

Scabies, Illinois Mange, or What is it?

Editor MEDICAL WORLD:

I have many cases of a skin disease very difficult to manage. My patients are troubled with an intolerable itching on nearly the whole surface of the body, but particularly on the arms and inside of thighs, causing some trouble in the day time, but worse at night after retiring. The eruption resembles that of scabies. I have used sulphuret of potassium and other preparations of sulphur with very little success. Will some one suggest a remedy?

Go on, you are publishing the most useful and practical journal *extant*.

Marine, Ill. P. S. WEIDMAN.

DR. A. C. MATCHETTE, of Bourbon, Ind., writes: "THE WORLD is a most excellent journal, and how any physician can do without it is as remarkable as that the subscription price is only one dollar—"something that no fellow can find out."

A Long Umbilical Cord

Editor MEDICAL WORLD:

On February 5th last I was called to attend a lady in her tenth confinement. I reached the place about half past seven o'clock P. M. She is of German parentage, weight 145 lbs, short, and thick set, and dark complexioned. I asked her if she had ever been sick much; she said, "Dr., I never was sick enough to necessitate the calling of a physician in my life, except in my confinements." She said she had been in labor since about 2 o'clock P. M. I now made an examination and found everything in good condition with the exception of very little advancement of the fœtus, and insufficiency of amniotic water; none could be felt; os soft and well open. The patient said that none had escaped. The pains were all she could bear; in fact they were terrific, and getting more and more severe. Up to eleven o'clock I had made several examinations, and at this time I could just reach the crown of the fœtal head, looking downward, with chin resting upon the sternum as though you had both hands on top of your head and pressing down with all your strength, pressing your chin firmly upon your sternum. I had no obstetrical instruments with me, not so much as a vectus; but by this time I could use my digits for levers and render my patient much valuable assistance; but to bring the head upward and outward at the natural opening was beyond my power, the head being held so firmly downward by some hidden power which I was not yet able to discern. It soon became most densely impacted under the perineum, bulging out the rectum to an alarming extent. I now felt for the cord, which I supposed must be around the neck of the fœtus certainly as much as twice, causing this downward (or upward) pressure, but to my utter astonishment I could not feel anything around the neck of the child. I was baffled. What could be done? The mother was becoming completely exhausted, her pains growing more and more intense. Something must be done, and that quickly. I gave orders to her husband and the nurse to lift the patient from the bed, stand her upon the floor, lean her backward, holding her by the middle, one on each side, letting her head reach the floor as near her feet as possible. I then introduced two of my fingers into the rectum, and with my other hand raised the head out from its moorings much quicker than it takes to write these lines; I then gave orders to lay her back upon the bed. This done I soon had the child in my hands, apparently lifeless and as black as tar. I now felt for the cord, found it wrapped around the neck of the child three times, and so completely imbedded that it could not be seen or felt. After unwinding the cord from its neck, it gave signs of life. I spread my handkerchief over its face, with thumb and finger closed its nose and blew into its mouth and inflated the lungs a few times. It soon gave that screech that brought good news and glad tidings to us all. Weight of child eleven and a-half pounds. After taking the after-birth, I took a rule and measured the cord. It was fifty-nine inches long! The cord was not stretched in the least, but was measured lax. If any of my professional brethern have ever met with a longer umbilical cord than this, please report through THE MEDICAL WORLD.

I will here say that I have delivered thousands of women, but this one certainly suffered more pain in the seven hours I was with her than any two similar cases I ever attended; besides I worked harder myself than ever before. I delivered this same lady just fourteen months and seven days previous to this delivery. She had a very severe time then, the cord being around the neck of the child twice. If any of your readers meet with a similar case, they will find but little difficulty in delivering the patient by putting her in the position above described, when it is impossible to deliver any other way.

Now I would ask those of our profession who are better posted than I, who have so extensively written upon obstetrics and gynæcology, how, for the space of at least three hours, was that child supplied with the elements to sustain life? The cord was so tightly drawn and so deeply impacted into the childs' neck that it seems impossible that the fœtus circulation could have continued, yet the child was alive. I think I know what the answers to this question as a rule will be, but I will await.

F. A. JOHNSTON, M. D.

PORTLAND, OREGON.

Diphtheria.

Editor MEDICAL WORLD:

Diphtheria is a local disease due to a living germ, and if treated as such, very few cases of blood-poisoning will result therefrom. If this treatment was from the pen of a Gross or a Sims it would be swallowed down with avidity; although coming from a country physician, *for san et haec olim meminisse juvabit.*

Suppose our patient is ten years old, and we called to the bedside within twenty-four hours after its inception, our treatment will be as follows:

℞ Hydg. chlor. mit.....gr. ij
Santonin.....gr. j
Soda bi-carb.....gr. j
M. Sig.—One dose, to be followed in four hours by a dose of castor oil with ten drops spts. turpentine in the oil.

We begin the local treatment at once by spraying the throat, using a perfume atomizer. We use three local washes during the day, as follows:

No. 1.

℞ Spts. turpentine, oil eucalyptus, white coal oil.....ãā ʒ ss
M. S.—Spray the throat every two hours.

No. 2.

℞ Sodii hyposulph.....ʒ ij
Aquæ.....ℨ iv
M. Sig.—Spray the throat four times a day.

No. 3.

℞ Corrosive sublimate.....gr. j
Chlor. potass.....ʒ ij
Mur. tr. iron.....ℨ ss
Glycerine.....ʒ j
Camphor water.....ℨ iv
M. S.—Spray the throat four times a day, and take internallv of the same (No. 3) a teaspoonful three times a day.

After the bowels have been evacuated properly, then give internally:

℞ Quiniæ sulph.....gr. i
Spiritus frumenti (Secale).....ʒ ij
M. S.—One dose to be given every two hours.

Burn sulphur in the sick room night and morning, just enough for the patient to breathe on without suffocating or distressing him; and at least three times a day fill the room with the fumes and smoke of the following:

℞ Pine tar.....ℨ iv
Spts. turpentine.....ʒ ij
M. S.—A tablespoonful to be burnt at a time in an iron vessel.

Apply to the throat a tobacco-hop poultice, to be removed as soon as its physiological effects are discovered—such as dizziness, nausea, blindness. To be repeated or reapplied after these symptons disappear. This poultice produces relaxation of the parts and aids nature in detaching and throwing off the membrane. To make the poultice: wet the tobacco and pick it to pieces, mix with hops and meal. Should you wish to leave off the corrosive sublimate mixture, then in its stead give calomel, 1 gr., every three hours. If you really want assistance from your brother practitioners, and they are kind enough to let the carriage stand at the gate an hour so as to give facts and treatment that can be relied upon, you do him an injustice if you do not give it a trial and report to the WORLD; for a country physician has no spare time to devote to medical journals, unless it be to rescue some brother from peril and send him on his way rejoicing, and what he gives are facts bought dearly by experience, and not hypothecated or imaginary treatment, as we so often see in medical journals. Theory is good, but facts are what we want. This, then, is the secret of THE WORLD'S success over many competitors in medical journalism.

SCIATICA.

Apply cantharidal collodion blisters two inches apart the whole length of the sciatic nerve, the size of a ten cent silver piece. Keep the liver active and bowels open by pil. cath. co., one or two every night. Tongaline four times a day, with an occasional dose of pot. brom. et morphia sulph. during the day to ease pain. Also during the day the following:

℞ Tr. Ferri Chloridi.....ʒ ij
Tr. capsici.....ʒ ss
Quiniæ sulph.....ʒ j
Liq. chloridi arsenici.....gtts xxx ij
Aquæ ad.....ℨ iv
M. S.—One teaspoonful every three hours.

Steam the affected leg every night by vinegar bath—vinegar mixed with hot water, or vinegar poured in a hot stone and the leg covered so as to get full benefit of the steam. Keep the leg wrapped in red flannel when not taking a bath. Support the system by milk, eggs, whiskey, cod liver oil, &c.

Deal's Island, Md. J. ZACK. TAYLOR, M. D.

Treatment for Acute Rheumatism—Reply to Dr. Robinson.

Editor MEDICAL WORLD:

The following is my favorite plan of treatment for rheumatism in the acute form:

℞ Tr. digitalis.....ʒ ss
Vini colchieni.....ʒiij
Spts. juniperi.....ʒ j
Aquæ dest qr. ad.....ℨ iv
M. S.—Teaspoonful every three hours.

Also,

℞ Acidi salycilici.....ʒ j
Quiniæ sulph.....ʒ ss
Ft. chart.....℞ xv
M. S.—One every three hours.

Also,

℞ Olei gualtheriai.....ʒj
Olei sinopis.....ʒ ss
Olei Olinæ.....ʒ ij
M. S.—Apply to painful part every hour in connection with above remedies.

In your issue of march Dr. J. B. Robinson, of Half Rock, Me., presents a case for diagnosis and treatment. I have had one or two well marked cases of the kind, but cannot give it a name.

The following ointment gave speedy relief:

℞ Hydrarg chlor. mite.....
Aluminis exsiccati.....
Plumbi carb.....
Oleim terebinth.....ãāʒ ij
Vaseline.....ʒ i ss
M. S.—Apply to parts morning and evening, after washing with hot soap suds.

Spencerville, O. J. R. WELCH, M. D.

PHILLIPS' PALATABLE COD-LIVER OIL.

EMULSION.

Presents the most minute division of the Oil Globules yet attained in an Emulsion. Is perfectly miscible with Milk, Water or other fluid in any proportion. Is easy of administration and readily assimilated. It contains 50 per cent. of highest grade Norway Cod-Liver Oil combined with the Wheat Phosphates.

Attention is also asked to

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☞ *Those who send $2. $1 for THE MEDICAL WORLD and $1 for the book, "Official Formulæ of American Hospitals," will receive, GRATIS, upon request, a copy of the Chart, "The Urine in Disease." Send soon, before the Charts are all gone.*

KAIRIN AND ANTIPYRIN,

THE NEW FEBRIFUGES.

Both powerful agents, especially in cases of Pneumonia, Erysipelas, Consumption, Typhoid and Yellow Fevers. No secondary effects; no chills. Antipyrin reduces high fever 5 to 7° within one or two hours, and the low temperate maintained from 7 to 20 hours. ANTIPYRIN, an oxygenated alkaloid, is brought into commerce in form of the free base. It was prepared synthetically by Dr. Knorr, of Munich, from the constituents of coal tar, etc. It forms a white, crystalline powder, which is very easily soluble in cold water. Dose, 15 to 30 grains; for children, 5 to 15 grains.

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NATURE OF THE IMITATIONS, ETC.

The champion Pepsin of the world. The only Pepsin found worthy to be imitated. Even the wealthiest manufacturing chemists could not resist the temptation.

One party used glue as an cheapening adulterant for the production of scale Pepsin; another party has now succeeded in flooding the market with their imitations of my scale Pepsin owing to its extreme cheapness. This party now declare (not to the professon), that they use 60 pounds of dry egg albumen peptonized by 200 hog stomachs; a third party wrap their imitations in an exact fac-simile of my circular making full use of all my testimonials. The great injury these imitations cause my preparations can easily be understood.

The protection chiefly relied upon is through the profession's vigilance in discriminating between the genuine and the spurious article. When prescribing my Pepsin most physicians now underline my name, thus Jensen's Crystal Pepsin, and no misconception can excuse substitutions. The great reputation of this Pepsin lies in that it is a Peptone Pepsin, *i. e.*, the texture of the stomachs in which the peptic ferment is lodged is entirely dissolved, thereby obtaining all the Pepsin, when thereto is added my recent improvement in precipitating from this solution all of the earthy and saline matter, leaving only the azoticed constituent containing all of the peptic principle; and, when it finally is further concentrated by drying it upon glass plates until dry and brittle scales are formed, the reason for its high digestive power can easily be understood. Why it surpasses also in keeping qualities all of the former Pepsin is owing to its scaly and brittle texture, it being the only organic medicine in the materia medica produced for the market in scales.

It is also perfectly soluble upon the tongue, pleasant taste and practically inodorous.

Although it commands a higher price than any other Pepsin in the market, it is, nevertheless, the most prescribed. Its purity and solubility, combined with its great soluble power upon albuminoids have inspired physicians with suggestive minds to try it also as a solvent for diphtheritic patches and coagulated blood in the bladder, the success also of these novel treatments, I flatter myself have already become generally known to the profession all over the world. Physicians writing for samples, receive prompt attention.

CARL L. JENSEN,

Home Office, No. 2039 Green Street,

→*PHILADELPHIA.*←

Quiz Column.

Questions are solicited for this Column. Communications not accompanied by the proper name and address of the writer (not necessarily for publication), will not be noticed.

Ed. MEDICAL WORLD:

Will you please inform me through "THE WORLD, what is "Rhus Aromatica"? I cannot find it in the books. Enclosed please find $1.00 for which please send ten "ready binders" and oblige GEO. J. ROBINSON.
Smithfield, N. C.

Rhus Aromatica belongs to the order of anacardiaciæ, and grows in the United States. It is a valuable astringent, and has been used in diabetes, phthisis, hæmorrhages, cystites and diarrhœa. The dose is from 5 to 20 drops of the fluid extract, or 20 minims to a drachm of the tincture. The tincture contains four ounces of the bark to twenty ounces of rectified spirit. There are numerous other varieties of Rhus, employed in tanning, dyeing, and in medicine. —L.L.]

Can any of the readers of THE MEDICAL WORLD give me a reliable formula for treating psoriasis?

I would also like to know a good application to stop the flow of milk when weaning a child. J. E. H. MATTNER.
SAN FRANCISCO, CAL.

Editor MEDICAL WORLD:

Will the excessive use of tobacco, either chewing or smoking, produce skin disease; and if so, what character?

Lewiston, Idaho. M. A. KELLEY, M. D.

[Not always, but it will in some cases. The character may vary. Will our readers discuss the question?—ED.]

Ed. MEDICAL WORLD:

I notice that the formula for "double chloride of gold," on page 104, March number, contains no gold at all!
Smithfield, N. C. GEO. J. ROBINSON, M. D.

[There's where the joke comes in. People are induced to pay a high price for a very cheap article.—ED.]

A subscriber asks for formulæ "Green's August Flower" and "Boschee's German Syrup."

The former is in Sept. No., 1885, which unfortunately we cannot supply; the formula will be repeated soon. The latter is given in Dec. No., page 414; we can supply this number.

Formulæ for "McLean's Volcanic Oil Liniment" and "Indian Blood Syrup" are asked for by Dr. J. O. Lowrie, of Martin City, Texas.

Editor MEDICAL WORLD:

Can you or any of your readers give the formula for "Sanford's Liver Regulator," manufactured by S. T. W. Sanford & Sons, New York?

Randolph, O. G. O. FRASER, M. D.

Editor MEDICAL WORLD:

I would be pleased to have the best hair tonic known to any of your readers.

J. C. STERN, M. D.
Lewisberry, Pa.

CAN anyone give the formula for "Jaynes Liniment?" H. J. H.
Arkansas.

Editor MEDICAL WORLD:

You would confer a great favor if you could publish the formula of the Cuticura remedies, soap, ointment and resolvent.

Mosiertown, Pa. W. W. LITTLE.

THE much advertised "Cuticura Ointment" has been found to consist of petroleum jelly, colored green, perfumed with oil of bergamont and containing two per cent. of carbolic acid.—*Exchange.*

The Southern California *Practitioner* is a new exchange that we welcome to our list. It is practical, bright and beautiful. Published at Los Angelos; price $1.50 per year.

The American Medical Digest says of "Official Formulæ of American Hospitals"—

"The book of 238 pages contains, as its title indicates, a collection of Formulæ used by the Hospitals of this country. It will prove instructive and useful to every practitioner, as illustrating various practical combinations used at these various institutions, and we are sure all will be grateful to the enterprising editor of the MEDICAL WORLD for his pain taking."

The *Medical Analectic* says: "The book is as complete as possible."

FORMULÆ.

For Chronic Rheumatism and Amennorrhœa.

℞ Tincture guaiaci ammoniat.....℥ vj
Bals. Peruviani.....℥ j
Muc acaciæ.....℥ iss
Aq. camph. ad.....℥ viij
Ft. emulsio.

Dose one-sixth part three times a day.

L. LEWIS, M. D.

For Anasarca and Other Dropsies.

℞ Decoct. apocyni cannabini.....℥ j to ℥ viii

Dose, half an ounce every six hours.

To Sterilize the Mouth and Teeth.

℞. Thymol ..... gr. ij
Acid benzoici ..... gr. xxij
Tinct. eucalypti ..... ʒ iss
Aq. dest. ad ..... ℥ xij

To be used as a mouth wash frequently.

To Dissolve Biliary Calculi.

℞. Chloroformi .....
Etheris sulphurici ..... āā ʒ ii
Ol. terebinthinæ ..... ℥ ss
Sacch. alb ..... ʒ i
Muc. acaciæ ..... ʒ j
M.

Dose, one teaspoonful three times a day. Supplementary to this, half a drachm of phosphate of soda, in water, before each meal.

For Falling of the Hair.

℞ Cantharadine ..... gr. j
Etheris acetici ..... ʒ ij
Sp. rect ..... ℥ iij
Ol. ricini ..... ʒ j
Ol. lavandulæ ..... m. xv.

Apply to roots of hair, for three successive days.

A CONVENIENT mode of prescribing salicylic acid is as follows:

℞ Acidi salicylici ..... gr. 80
Liq ammon. citratis ..... f ℥ ij
Infus. aurantii ..... f ℥ viii
M.—Tablespoonful for a dose.

Soothing Syrup.

℞ Potass. bromide ..... gr. xvj
Tinct. hyoscyam .....
Syr. glycyrrhizæ .....
Aq. anise .....
Mist. adjuvan ..... āā f ℥ ss
M. Sig.—Half a teaspoonful to one teaspoonful every hour, if necessary.

Rahway, N. J. P. W. BURDGE, M. D.

No. 6.

Dr. H. Neeson, of Shreveport, La., sends us the following formula for No. 6. It differs from those we gave on page 148 and seems to illustrate the necessity for a National Formulary.

Take of
Powdered capsicum ..... 1 troy oz.
Powdered myrrh ..... 4 troy ozs.
Alcohol ..... 2 pints.

Make a tincture by percolation.—*National Druggist.*

Formula for Dr. Lindsey's Pain Cure:

The number six is tincture of capsicum and myrrh, which is made double strength in this preparation. The spirits of camphor is also made double strength by the aid of chloroform. It should be compounded in such a way as to make a permanent mixture without sediment or separation of the oils. "This is an excellent application for pain of any kind or in any place, and especially for neuralgia and inflammatory rheumatism." I obtained this from Mr. G. W. Snyder, of Des Moines, Ia., the present manufacturer, who very readily gets 50 cents for ¾ of an ounce. It may be taken internally in doses of gtt. v to lx.

℞ Alcohol (absolute) ..... ℥ iv
Etherial oil of wine ..... ʒ iv
No. six ..... ʒ iv
Spts. camphor ..... ℥ iv
Oil hemlock ..... ʒ ii
Oil cinnamon ..... ʒ i
Oil sassafras ..... ʒ i
Oil cloves ..... ʒ iv
Æther ..... ʒ ii
Chloroform ..... ʒ ii
Spts. Æther comp ..... ʒ iv
Chloral hydrati ..... ʒ ii
Oil lard ..... ʒ iv
Oil cedar ..... ʒ iv
Oil organum ..... ʒ i
Oil wintergreen ..... ʒ ii

Jewell, Iowa. F. W. MCCANON, M. D.

Virginia Malaria Cure

Take of
℞ Virginia snake root ..... grs. 40
Calysaya bark ..... oz. 1
Carbonate of potassium ..... grs. 40
Nutmeg (crushed) 1
Wine ..... pint ½
Mix.—Dose, one tablespoonful three times a day.

Hartshorne's Cough Mixture.

H. E. S., St. Louis.—I give the following in answer to "Health," page 151:

Take of
Compound spirit of ether ..... 1 fl.oz.
Solution of morphine (1 gr. to 1 fl.oz.) 1 fl.oz.
Camphor water ..... 10 fl.drs.
Mucilage of gum arabic ..... 10 fl.drs.
Syrup of squill ..... 12 fl.drs.
Mix.

The dose is 1 to 4 teaspoonfuls.

We have received several other answers; each formula contains the same ingredients, but in varying proportions.—*National Druggist.*

Searl's Athlophrous.

Take of
Sulphate of morphine ..... 2 grs.
Fluid extract of colchicum seed ..... 1 fl.dr.
Fluid extract of guaiac ..... 1 fl.dr.
Acetate of potassium ..... 60 grs.
Salicylate of potassium ..... 60 grs.
Diluted alcohol ..... 4 fl.drs
Syrup of squill, q. s. ad ..... 6 fl.ozs.

Mix by the aid of a gentle heat.—*National Druggist.*

Jayne's Alterative.

B. J. DOYLE, Philadelphia, Pa.—Will you be kind enough to give the ingredients contained in Jayne's alterative? I do not want to use the information to compound that article,

but would like to know what it is composed of.

It is said to be similar to the following:

Take of

Tartar emetic	4 grs.
Spirits of camphor	1 fl dr.
Fluid extract of ipecac	4 drops.
Laudanum	2 fl.drs.
Tincture of lobelia	1 fl.dr.
Syrup of to'u	12 fl.drs.
Tincture of digitalis	1 fl.dr.
Syrup of squill	2 fl.ozs.

Mix.—*National Druggist.*

Hostetter's Bitters.

℞

Sugar	2 lbs.
Calamus root	2 "
Orange peel	2 "
Peruvian bark	2 "
Gent an root	2 "
Columbo root	2 "
Rhubarb	8 ounces
Cinnamon	4 "
Cloves	2 "
Diluted alcohol	4 gallons

—*The Medical Bulletin.*

Hop Cordial.

(TASTES LIKE HOP BITTERS.)

Hops, dandelion, chamomile, stillingia, orange peel, of each	2 parts
Alcohol	64 "
Syrup	16 "
Water	76 "

Pleis' Fit Powders.

Bromide of potassium	15 grains
Powdered gentian	5 "

Mix.—Make one powder.

The following is said to be the composition of

Cobb's Pills:

Extract of hyoscyamus	ʒ ss
Extract of conium	ʒ ss
Extract of colocynth	gr. xj
Extract of nux vomica	gr. iv

M.—Divide into thirty pills.

Rex Magnus.

The composition of "Rex Magnus," according to L. P. Kinnicut, of Worcester, Mass., in *Science*, is roughly indicated by the following formula:

Boracic acid } Borax }	67 per cent.
Chloride of potassium	15 "
Water	18 "

Liver Pad.

(SAID TO BE SIMILAR TO HOLMAN'S PAD.)

Mandrake root	ʒ ss
Bayberry bark	ʒ ij
Black root	ʒ ss
Red cinchona bark	ʒ ij
Powdered gum guaiac	ʒ jss
Powdered fenugreek seed	ʒ ss
Oil of eucalyptus	ʒ ij

Grind together and add the oil. Make into pad and wear on the pit of the stomach.

Warner's Safe Kidney and Liver Cure.

It is said to be made after a formula of which the following is a close approximation:

℞ Hepatica (herb)	oz. j
Boiling water	pt. j

Make an infusion; strain and dissolve in it:

Extract of taraxacum	oz. ½
Nitrate of potassium	gr. 320

Cool and add [the following mixture]:

Alcohol	fl.oz. 2
Glycerine	fl.oz. 1½
Ess of gautheria	drops 40

Water enough to make one pint.

This formula is furnished by a correspondent of the *Deutsche-Americanische Apotheker Zeitung* (in No. 5 of 1884). Since the directions in the last line—to add water to make one pint—might be construed to imply that the whole finished mixture is to contain one pint, and this is obviously impossible, we have ventured to add the words in the brackets, believing that the author intended to add the pint resulting from mixing the last four ingredients to the liquid previously prepared.—*Am. Druggist.*

New Formula for Chlorodyne.

Some experiments lately made by us have led us to the following formula, which we believe comes closer to the original than any other:

℞ Hydrochlorate of morphine	2 parts
Water	50 "
Tincture of peppermint	1 "
" capsicum	1 "
Ether	2 "
Chloroform	10 "
Diluted hydrocyanic acid	114 "
Fluid extract of licorice	30 "
Molasses	1790 "
Total	2000 parts

—*American Druggist.*

Eno's Fruit Salt.

An article resembling Eno's Fruit Salt is said to consist of:

℞ Rochelle salt	3 parts
Tartaric acid	24 "
Bicarbonate of soda	30 "
Powdered sugar	80 "

With a flavor of lemon. —*New Idea.*

Hamburg Drops.

℞ Powdered aloes soc	ʒ jss
American safiron	ʒ ss
Tinct. Myrrh	ʒ xvj

Macerate for fourteen days, and filter through paper. Dose, one teaspoonful.

Tamar Indien.

Dr. D. J. Bumstead, of New York, ascertained from the manufacturers in Paris that this preparation was mainly powdered senna leaves mixed with agreeable confection.—*New Remedies.*

DEAR EDITOR:—In July number of the WORLD, Dr. F. M. Jones requests a correct formula for Tully's Anodyne Powder. I think the following is probably correct:

℞ Camphor gum ..... gr. 400
Sulphuric ether ..... drops 10
Pulverized licorice ..... gr. 400
Prepared chalk ..... gr. 400
Sulphate of morphia ..... gr. 20

Pulverize camphor with ether and immediately add licorice, etc.

J. A. WESSINGER, M. D.
Parshallville, Mich.

Editor MEDICAL WORLD:

I hereby send you some formulæ:

Tully's Anodyne Powder.

℞ Sulphate of morphia ..... gr. 1
Camphor ..... gr. 20
Pulverized licorice root ..... gr. 20
Prepared chalk ..... gr. 20

Mix.—Dose 10 grains, containing ⅛ grain of morphia.

Lyon's Katharion for the Hair.

℞ Castor oil ..... gal. 2
Alcohol ..... gal. 3

Mix these first.

Tr. cantharides ..... oz. 10
Oil of bergamot dissolved in a little alcohol ..... oz. 12

Tr. red saunders—proportions, 1 lb. to 5 gal. 95 p. c. alcohol—4 oz. of this color to 30 gal.

Hamburg Tea.

℞ Senna ..... 8 parts
Manna ..... 3 "
Coriander ..... 1 "

D. A. SARGENT, M. D.
Hopkins, Mo.

Angostura Bitters.

℞ Angostura bark ..... oz. 4
Chamomile flowers ..... oz 1
Cardamom seeds ..... dr. 2
Cinnamon ..... dr. 2
Orange peel ..... oz. 1
Raisins ..... lb. 1
Diluted alcohol ..... gal. 22

Macerate for one month, then press and filter.

—*National Druggist.*

Sanford's Catarrh Cure.

According to an analysis made by Prof. A. B. Lyons for the *New Idea*, this preparation is composed of distilled extract of witch-hazel, containing a little alcohol and glycerine and some morphine. The proportions of the constituents were not determined.—*Nat. Druggist.*

Thompson's Eye Water.

℞ Sulphate of copper ..... 10 grains
Sulphate of zinc ..... 40 "
Rose water ..... 2 pints
Tincture of saffron ..... 4 drachms
Tincture of camphor ..... 4 "

Mix and filter.

Bull's Blood Syrup.

The following is said to be the formula of this alterative:

℞ Iodide of potash ..... dr. 12
Red iodide of mercury ..... gr. 2
Tincture of poke root ..... fl. dr. 3
Compound syrup of stillingia ..... fl. oz. 6
Simple syrup sufficient to make ..... pt. 1

Mix.

—*National Druggist.*

Kellogg's Red Drops.

Take of

Spirit of camphor ..... oz. 2
Spirit of origanum ..... oz. ½
Oil of sassafras ..... oz. ½
Oil of turpentine ..... oz. ½
Color tincture about ..... oz. 4

Mix.

[For formulæ of other patent medicines, see January, February and March numbers; also, November and December numbers, all of which we can supply. We do not suppose that physicians will wish to use these formulae, but we believe that they have a right to know them.]

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Lecturer on Genito-urinary and Venereal Diseases.
Chicago College of Physicians and Surgeons.

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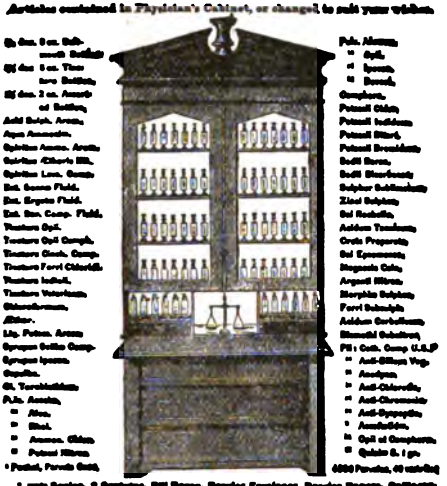

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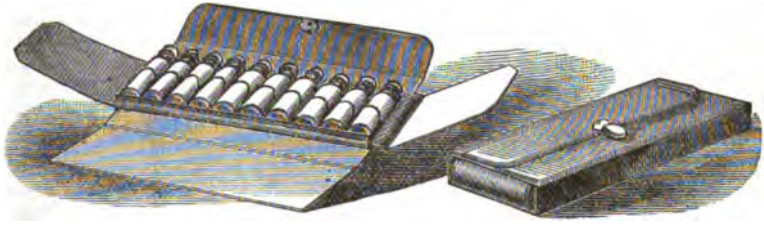

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NOTE TO PHARMACISTS.

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It is hoped that physicians will see that this request is complied with in each of their own individual cases, as the object is manifestly proper, and, as will be readily understood a measure to prevent this preparation from being "huckstered" about, and falling into the hands of Laymen or Patients for whom the physician has not prescribed it.

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ADDRESS ALL COMMUNICATIONS TO

"THE MEDICAL WORLD,"
1520 Chestnut Street,
PHILADELPHIA, PA.

VOL. IV MAY, 1886. No. 5.

A Physician's Rights.

On October 14th, 1884, Dr. Carl Seiler, of this city, in a lecture on hay fever, delivered before the alumni of the Philadelphia College of Pharmacy, used the following language concerning a nostrum (to name it here would be to advertise it):

"I don't know what it is. I suppose it is nothing but a little silicate of soda, or a little borax or quinine and borax; but don't use it, or any of these nostrums. They are bad for the simple reason that they themselves irritate the mucous membrane. They all have, to a certain extent, an effect good or bad, but that effect will not last. Very soon the secretion will cover the mucous membrane again, and the trouble will still be there. Also, very soon the system becomes accustomed to the nostrum and prevents the thorough impregnation of the mucous membrane, having its peculiar effect upon the circulation of the nose itself."

The proprietors of the nostrum brought suit for $1,000 damages. The case was tried a short time ago, and resulted in a complete victory for Dr. Seiler. The judge said that Dr. Seiler's statements before the alumni of the College of Pharmacy was a mere expression of opinion and that it was devoid of any element of malice. It was the lecturer's privilege, under the circumstances, to give his views to his class, and it was the occasion of the highest privilege for the defendant to give such expression of his views.

It has been a popular impression ever since the Revolutionary war, that citizens of this country have the right of free speech. Some people would like to deny this privilege to doctors, particularly when giving warning against the many frauds and dangers that are created to make money. The profession will be glad to see that in the above case it was decided to be the lecturer's privilege, and under the above circumstances his highest privilege, to give expression to his views.

Prescribing Fornication.

An eminent Cincinnati evangelist recently said: "The doctors of this country have said to many a young man, 'You can't be virtuous and be healthy.' Is there a doctor here that ever said that to a young man? If there is I want to look him in the face and tell him, 'You are a liar of the deepest dye.' My daughter, your daughter, has the same constitution as your boy, and I dare you by all the power in the Bible to walk up to my daughter and tell her she cannot be virtuous and be healthy! What does the doctor say to you old married men? Does he tell you that you can't be virtuous and be healthy?" To this the *Lancet and Clinic* indignantly replies that "the doctors of this country do not give any such advice as the evangelist asserts." We trust and believe that the great majority do not, but we fear that a small minority do; and we venture to say that the importation of European morals, along with European science and pseudo-science, has had something to do with it. In a blind scientific study of the "case," the doctor may

forget sometimes that he owes a duty to society as well as to his patient.—*Medical Record.*

[The sexual question is a difficult one, whether considered socially or from a medical standpoint. In no other matter is the judgment of the physician to be exercised more carefully, or in which he should feel greater responsibility. Every physician must have noticed the great difference in degree of sexual feeling in different men, as well as in different women. What would be moderation for one man would be great excess for another; but the "demands of health" in the matter is a question that has disturbed mankind for centuries, and we are no nearer a satisfactory solution than at first. But there is some satisfaction in the fact, and it is a fact, that, taking the world over, virtue among both men and women is constantly on the increase. This cannot be seen if we compare this year with last year, or five years ago; but it can be plainly seen if we compare this *century* with last century.

There is so much artificiality in our modern civilization that we can never hope for an exact sexual balancing. Moreover, among the mated (married), complete sexual harmony is so rare that its existence may almost be doubted. This is not a very hopeful state of affairs.

Generally, in man, sexual desire is an expression of health—an indication of vitality to spare. Whether the sparing of this excess is essential to the maintenance of health is much to be doubted; however, the seeking of the natural channels may be considered physiological. We fear that the good evangelist makes a mistake when he says that our noble sons and fair daughters have "the same constitution." Would that it were so; and it seems that it *should* be so, but it *isn't*. Considering the matter purely physiologically, has not the girl the advantage of the boy in her monthly flow, thus giving vent, in part at least, to the excess of vitality that arises from the vigor of youth? —Ed.]

The first edition of "Official Formulæ of American Hospitals" is entirely exhausted. Second edition (enlarged) is now on press and will be ready about May 12th.

INDEX OF DISEASES.

[In this index the diseases are taken alphabetically, and prescriptions embodying the latest and best treatment for each disease is given. The index will be continued from month to month until the catalogue of diseases is exhausted. Began in March number.—L. L.]

Bruises.

℞ Acidi sulphurosi
Glycerini āā equal parts.
To be applied constantly.

℞ Tinct. capsici
Mucil. acaciæ āā equal parts.
Soak tissue paper in this and apply constantly.

℞ Liniment aconiti.
To be used as a paint.

Burns and Scalds.

℞ Acid carbolici.....ʒ j
Ol. olivæ.....ʒ vj
Mix.—Apply locally.

℞ Ol. lini,
Aq. calcis āā equal parts.

℞ Sodæ bicarbonat in a saturated solution.

℞ Acid boracici in saturated solution.

℞ Collodii.....ʒ j
Ol. ricinis.....ʒ ij
Mix.

℞ Ordinary white paint (carbonate of lead).

Biliary Calculi.

℞ Hydrarg cum creta..... gr. viij
Pulv. rhei.....gr. iv
Magnesiæ.....ʒ. j
M.—To be taken in one dose.

℞ Ammonii chloridi.....ϑ j
Pulv. antimonialis.....gr. iij
Aq. sambuci.....ʒ js
M.

℞ Hypodermatic injections of morphine, or even sometimes chloroform inhalations.

℞ Ammon. muriat.....
Ext. taraxaci.....āā ʒ js
Aq. dest.....ʒ vj
M.—A dessertspoonful every four hours.

℞ Chloroformi.....
Ætheris sulphurici.....āā ʒ js
Ol. terebinthinæ.....ʒ j
Sacch. alb.....ʒ ij
Muc. acaciæ.....ʒ ij
M.—A teaspoonful thrice daily.

℞ Ol. terebinthinæ.....ʒ ij
Æther sulphurici.....ʒ ij
Half a drachm night and morning.

℞ Ext. Belladonnæ, gr. js, every 2 hours.

℞ Large doses of olive oil.

℞ Acid benzoici.....ʒ ij
Liq. potassæ.....ʒ ss
Aq dest.....ℨ vj
M.—A tablespoonful three times a day, in plenty of water.

℞ ℨ iij of nitro-muriatic acid in a gallon of water to bathe the region of the liver repeatedly.

Carbuncle.

℞ Calcii sulphidi, gr. ½, in pill every three hours.

℞ Belladonnæ.....ʒ ij
Glycerini.....ℨ j
M.—As local application.

Tincture of iodine painted around the carbuncle lessens inflammation.

℞ Ext. opii applied frequently.

Strapping from without inwards is sometimes useful, leaving centre open.

Caries.

℞ Ferri phosphat.....
Calcis phosphat.....
Calcis carbonat.....āā ʒ ss
M.—Divide into 30 powders; one thrice daily.

Chancre.

℞ Pulv. iodoformi,
Calomelanos,
Zinci oleatis, āā, equal parts.
M.—To be applied on lint moistened in glycerine, and renewed night and morning.

Iodoform dissolved in oil of eucalyptus, applied locally.

Acidi nitrici fort, locally.

Sol. peroxide of hydrogen, to be applied constantly on lint.

℞ "Black wash" or "yellow wash."

Cholera Asiaticæ.

No internal remedies are of any avail in this disease after absorption of the stomach is arrested. In such cases hypodermic injections afford the only possible means of treatment.

℞ Sodii chloridi.....ʒ ij
Sodii carbonatis.....ʒ ij
Potassii chloratis.....ʒ ij
Aq. dest.....ℨ vj
M.—Two tablespoonfuls in water, every half hour.

℞ Acidi phosphorici dil, ʒ ss, in syrup of orange and ice water, frequently repeated.

℞ Acidi sulphurici.....ʒ ss
Morph. sulphat.....gr. ¼
Sp. vini gallici.....ʒ jss
Aq. dest.....ℨ iij
M.—To be administered hypodermatically, and frequently repeated.

℞ Liq arsenicalis (Fowler).....♏ lxxx
Aq. dest.....ℨ ij
M.—A teaspoonful every fifteen minutes until necessary to stop.

℞ Creosoti.....♏ j
Aq. camph.....
Inf. gent. co.....āā ʒ vj
M.—To be repeated every two hours.

℞ Acidi sulphurici dil, ♏ xx, in water every fifteen minutes.

℞ Pulv. opii.....gr. j
Piperis.....gr. ij
Asafœtidæ.....gr. iij
One pill. To be repeated if necessary.

Chlorodyne sometimes effectual in very early stages.

℞ Strong alcoholic solution of camphor on sugar, six or ten drops for a dose.

℞ Tinct. cannabis Indicæ, ♏ x to ♏ xxx, frequently repeated.

℞ Wood charcoal in teaspoonful-doses, frequently repeated.

℞ Chloral, morphia and atropia subcutaneously in collapse.
Morphiæ sulph.....gr. ss
Atropia sulph.....gr. $\frac{1}{60}$

℞ Chloroform, ♏ v to ♏ x, internally, every half-hour.

℞ Calomel in small repeated doses.

℞ Pulv. nigri.....
Asafœtidæ.....āā gr. j
Camphoræ.....gr. ij
One pill, to be repeated at intervals.

℞ Vin. ipecac, ♏ j, repeated hourly.

℞ Plumbi acetatis.....ʒ js
Acid acetici.....♏ x
Aq. dest.....ℨ vj
M.—Two tablespoonfuls every half-hour.

Cholera Infantum.

℞ Hydrag cum creta, gr. one-sixth, every hour, with sugar.

℞ Starch injections with small quantity of laudanum.

℞ Ol. ricini, q s, at outset.
No milk to be given; only barley or rice water, and body to be kept warm.

For Pimples on the Face, "Dry" Eczema, etc.

℞ Hydrargyri ammoniati.....gr. xv
Adipis preparati.....ʒ vj
M.—To be gently rubbed in night and morning.

The Current Medical Thought.

Free Perspiration for Hydrophobia.

In 1823, a Dr. Bensson, a well-known physician in Paris, became accidentally inoculated with the venom of a rabid dog, while attending a patient who had been bitten. In nine days he was seized with pain in the throat and eyes, horror of water, a desire to run and bite and the usual symptoms of hydrophobia. In his despair he determined to terminate his life by suffocation in a vapor bath. In making the attempt he was astonished and overjoyed to find that the vapor began at once to relieve him as soon as free perspiration commenced, and he eventually recovered his health. Since then he treated many cases successfully in the same manner. Jaborandi and Turkish baths would make an appropriate initial treatment in these cases to-day. It is worthy of notice in this connection that hydrophobia develops itself chiefly in dogs, wolves and foxes, *animals which do not perspire* in the usual way.

A New View of Diabetes.

Dr. Duhomme, late President of the Therapeutical Society of Paris, proposes to erase diabetes from amongst the list of morbid entities. It is a complex condition, in which the blood is the main seat of trouble. There are very few cases in which a certain amount of sugar cannot be found in the urine at some time or other, even in health; therefore, in many cases, glycosuria is simply an exaggeration of a normal condition. And, on the other hand, as this production of urinary sugar is quite frequently limited to a maximum entirely independent of dietetic regime, a simple line of reasoning will suffice to calm many apprehensions. If it were not so, what would become of those numerous cases in which glycosuria was not diagnosed, for want of urinary examination? Evidently, had they all gone on to development, the time would have supervened when the usual diagnostic symptoms would have proclaimed them. Moreover, the more or less rapid or complete disappearance of sugar from the urine under the influence of a restricted diet may be quite independent both of the amount of contained sugar and of the length of time the affection has existed. Here we have a point of exceeding value, both with respect to diagnosis and prognosis.

An excellent local application for "swelled testicle" is a paste formed of equal parts of subnitrate of bismuth and water. It removes the pain at once, and gradually reduces the swelling.

Mistletoe.

Viscum allum, or *mistletoe*, is a European parasitic shrub, evergreen, and grows on various fruit trees and on the oak and elm. The berries are white and waxy, and contain a peculiar viscid principle, which is employed in the preparation of bird-lime. They were formerly used medicinally in the treatment of epileptic, paralytic and other nervous diseases. In excessive doses they produce vomiting, purgency and prostration, with coldness of extremities and some contraction of the pupil. Decoctions of the leaves and wood were the principal media of administration. American mistletoe grows chiefly on elm trees. Oak mistletoe was held sacred by the Druids, and used in their religious rites.

Cold Draughts Causing Neuralgia.

Cold draughts of air, in a moist atmosphere, have an undoubted influence in starting neuralgia of the fifth pair, the unprotected condition of the face probably explaining this peculiar liability. There appears reason to think, however, that some peculiar condition of the system, probably of a gouty or a rheumatic nature, is the "fons et origo mali;" and the impaction of cold starts a subacute neuritis in the sheath of the nerve. Neuralgia of the fifth pair is also common in pregnancy and during the menstrual periods. In these cases, croton-choral-hydrate, in doses of five or six grains usually affords the greatest and readiest relief.

Oxalates in the Urine.

Many instructive instances are on record of the occurrences of oxalates in the urine after disturbances of digestion. With some persons, taking champagne at dinner is followed by such deposit. Dr. Lauder Brunton has observed that cabbage for dinner with hospital patients has had a like effect. Some persons must have found rhubarb to disagree in a similar way, or the crude theory that oxalates taken in the food would reappear in the urine would never have been started. Oxalate of lime is the most insoluble of all the urinary deposits; it is neither made soluble by alkalies, as in uric acid, nor by acetic acid, as are the phosphates.

An infant loses from three to six ounces in weight during the first four to six days; by the seventh day it should have regained its birth-weight; from that to the fifth month it ought to gain about five ounces per week, or about six drachms a day; after the fifth month about four drachms a day; at the fifth month it ought to have doubled its birth-weight; and in sixteen months quadrupled it.

Meats.

In regard to butcher's meat, a great deal depends upon its condition at the time of cooking. The old Romans, who were great epicures, suffocated their fowls in wine, and cooked them forthwith; both meat which is perfectly freshly killed, and also meat which has been kept for a time are tender. If we analyse this condition, we see that it is simply this: meat which is cooked before *rigor mortis* appears, or after it has passed off, is tender; but meat, cooked while *rigor mortis* still exists, is sure to be tough. In the case of game, the practice of keeping the meat until it is tender has been overdone, and it is not unfrequently kept until it is actually commencing to decompose. The taste for "high" meat is an acquired one, and a morbid one. It is also not without danger. It is rather extraordinary, however, to what an extent the consumption of decomposing food may be carried without any immediate injury, as we see amongst the Esquimaux and Icelanders.

Glycerite of Alum.

Dissolve one ounce of powdered alum in five ounces glycerine by the aid of gentle heat.

This is recommended as a local astringent as powerful as tannin, but less disagreeable, and it is compatible with iron preparations.

Prevention of Phthisis.

At a meeting of the *Conseil d' Hygiene*, Paris, the following resolutions were adopted:

1. The most active agent in the transmission of this disease resides in the sputa.

2. Care must be taken not to allow this expectoration to be thrown on the ground nor on linen, where it may be transformed into dangerous dust.

3. We recommend, therefore, that patients be instructed to spit into utensils containing sawdust, and that these are to be emptied and washed once a day, and their contents are to be burnt.

4. Any room which has been occupied by a phthisical person should, after his death, be disinfected with sulphur before it is again occupied, and all linen must be steamed.

Digitalis as a Cardiac Stimulant in Children.

At a recent meeting of the New York Obstetrical Society a discussion took place on the treatment of bronchitis in children. Speaking on the question of stimulation, and limiting his remarks to cases of simple catarrhal bronchitis in children between six months and a year old, Dr. A. Jacobi said that in ordinary cases alcoholic stimulants were not necessary, but that he never omitted the use of such cardiac roborants as digitalis. Like a number of other drugs, digitalis, he said, was borne by children in relatively large doses, and he had found it act better as a cardiac stimulant if given in two or three large doses each day than if given in small doses frequently repeated. For children of the age mentioned he would give a grain twice a day.

For Coryza and Hay Fever.

In chronic coryza and hay-fever, nothing affords so much relief as cocaine. A two or three per cent. solution may be used in the spray for this purpose, or a snuff-powder of starch and bismuth, containing one per cent. of cocaine.

A lozenge, containing from $\frac{1}{30}$ to $\frac{1}{10}$ grain of cocaine, relieves cough arising from irritation of the throat, as, for example, where there are cheesy follicles in the tonsils.

Chloral Hydrate Locally.

The local application of chloral hydrate is very serviceable in many diseases, both on account of the relief of pain afforded and the cleansing of the parts. For cancerous ulceration of glands and of the uterus, phagadænic ulcerations, eczema impetigo, ulcerated legs, herpes zoster, pleurodynia and neuralgia, local employment of chloral, half an ounce in a pint of water, with a little glycerine, has been productive of much benefit. Ulcerated surfaces become healthy by comparison, discharges less offensive and pain is reduced to a minimum. These results are probably due to direct action on the peripheral nerve terminations.

Sulphide of Calcium for Enlarged Tonsils.

Chronic enlargement of the tonsils frequently yields to small continuous doses of sulphide of calcium. In tonsillitis with rapid suppuration it is very useful given in the same way—say $\frac{1}{4}$ of a grain five or six times a day. It hastens maturation and leaves the tonsils firm and shrunken. L. L.

Nitro-Glycerine for Nephritis.

Nitro-glycerine acts beneficially in nephritis by lowering the blood-pressure, diminishing the albumen, increasing the excretion of urine and relieving the uræmic symptoms, such as headache, asthma and other evidences of paroxysmal disturbances of the nervous system.

Dr. Kennicut, N. Y. *Med Journal.*

Prof. Kedzie has analyzed the contents of "hand grenades," for extinguishing fires, and finds that the chief ingredient is common salt.

Differentiation Between Chancre and Chancroid.

CHANCRE.	CHANCROID.
1. Period of incubation 18 to 90 days.	1. A few hours to 3 or 4 days.
2. Appears in form of papule.	2. Appears in form of vesicle or pustule.
3. Cellular infiltration extends laterally, and does not break down.	3. Extends laterally and breaks down by molecular death.
4. Sore, hard and dry.	4. Sore, soft and suppurating.
5. Ulcerative action always passive.	5. Ulcerative action always active.
6. Never spreads.	6. May spread indefinitely.
7. Never inoculable in same person nor in lower animals.	7. Inoculable indefinitely in same persons and in lower animals.
8. Buboes always multiple and seldom suppurate.	8. Seldom more than one, and nearly always suppurate.
9. Cervical and axillary glands always enlarged.	9. Never enlarged.
10. Yields to constitutional treatment only.	10. Yields to local treatment only.
11. Six months to two years' treatment required.	11. Fifteen to twenty days' treatment required.

DR. T. J. BENNETT, in *Daniel's, Texas, Med. Journal.*

Therapeutic Value of Kola.

In a paper read before the Naval Medical Society, by Medical Director, A. L. Gihon, it was stated that the physiological effects of Kola are similar to those of coca. It is used by the negroes of western Africa to enable them to endure prolonged exertion, with the slightest modicum of food, as an antidote to the miasmatic influences of the climate, as a prophylactic against dysentery, for dissipating the effects of alcoholic debauch, and for reputed aphrodisiac powers. It is said to destroy desire for alcohol, so much so that for several days after using it the patient cannot take his drinks without nausea.

Urea in the Urine.

An ounce of urea should be excreted daily in health; but the exact quantity varies much, and chiefly as to the kind of food taken. It forms more than one-half of the solid constituents of the urine, and should be in the proportion of nearly two per cent. to the whole quantity passed. If, in the adult, in the absence of fever, the proportion of urea exceeds this, a less nitrogenous diet and more diluent should be taken. Before judging of such excess, the quantity of urine passed in the twenty-four hours must be ascertained, as well as its specific gravity. It is obvious that forty ounces at 1025 are equal to fifty ounces at 1020, and that thirty ounces at 1030 equal sixty ounces at 1015 in the contained solids. In urine of higher specific gravity, excess of urea is shown by adding an equal bulk of nitric acid in a test tube, when, after standing in a cool place, crystals of nitrate of urea are formed. Excess of uric acid will appear in crystals on adding one twentieth part of hydrochloric acid. This may be found to exist in urine of low specific gravity, with no excess of urea.

Inhalations in Phthisis.

Dr. Renzie, of Naples, has recently made experiments with the following medicated inhalations: one part of iodoform to twenty-five parts of terebene; iodine volatilized in a steam bath, from six to thirty grains in a room; sulphuretted hydrogen; sulphurous acid, obtained by burning sulphur in the room. He concludes as follows:

1. Inhalations of iodine and those of iodoform with terebene ameliorate the local condition and nutrition without modifying the fever, the diarrhœa, or the night-sweats.

2. Inhalations of sulphuretted hydrogen and those of sulphurous acid augment the general strength, improve nutrition, and increase the urinary secretion. The former has a special action upon respiration, diminishing its frequency and controlling cough. Fever, diarrhœa, and sweats are influenced by it.

3. Until more experience is obtained, the author would place in the first rank the inhalations of terebene and hydrogen sulphide.

SMOKERS may be pleased to know that an antidote has been discovered which will enable them to enjoy their pipes or cigars without any fear of being poisoned by nicotine. It appears that the water-cress destroys the toxic principle of tobacco, preserving at the same time its aroma. It is sufficient to wet the tobacco with the juice of the water-cress, which will completely deprive the tobacco of its deleterious principles.

PROFESSOR DOREMUS, of New York, is responsible for the following "snowflake:" The last seen of Mercury she was flying away with syphilis.

Pharmacomania.

Pharmacomania is a morbid aberration affecting the minds of many with whom we come in contact, enhanced no doubt by the dread of suffering, and too often, I am pained to say, by the action and assurance of the "Doctor" in attendance, for we have our pharmaco-maniacal practitioners as well as patients—men who have too great faith in drugs, and hence not sufficient faith in nature—who have a drug for every symptom, and though defeated a thousand times, never tire in prescribing, and as the disease advances, and new symptoms arise, new remedies are tried and multiplied, until in the multitude of remedies the mind is bewildered, and the shot-gun prescription is resorted to in the vain hope of hitting something.

This morbid tendency—this abnormal desire to do something, take something—is made yet more plain by considering the immense quantities of drug remedies consumed by the American people. At a low estimate eighty million dollars' worth of patent and proprietary drugs are sold annually, besides some sixty million in doctors' prescriptions and recommendation, making a grand total of one hundred and forty million dollars' worth a year. Enough of medicine, if only taken when nature needed the hand of art, and when such and such a remedy was clearly indicated to last the whole people, I was going to say, a life-time.

In health we are not conscious of any of our organs. The impressions the brain receives from each and all of them have their effect in making up what we call consciousness; but none of them make themselves so disagreeably conspicuous as to attract attention. But let a morbid process arise in an organ and it immediately imposes itself upon our attention, and generally is very disagreeable.

Galium Aparine in Psoriasis.

The complete cure of a case of psoriasis palmaris by means of *Galium Aparine* after all other applications had failed, is reported in the Brit. Med. Journal, by Mr. Owen, an army surgeon at Exeter, England. Galium aparine is commonly known as "Goose grass," an annual plant growing in the United States and England, in hedge rows. It is inodorous, but acid and rather bitter in taste. In the above instance it was applied locally and given internally. Locally, it is best applied as a paste, after being powdered in a mortar. Internally, it is given as a decoction (℥ iii to a quart of boiling water); dose, three ounces thrice daily; or one to four drachms of the fluid extract. An ointment is also prepared. Galium has been well recommended in the treatment of lepra, lichen, and ulcerated legs. It is certainly worthy of a trial in psoriasis.

Immortality of the Human Race.

Life is continued, with an apparent immortality, from one individual to another, though the individuals themselves perish; but if all the individuals of a species are destroyed, the species itself becomes extinct. The vital force passes continuously from the producing parts into those ever newly produced, while the old parts perish. Such organized bodies that constantly strike fresh roots, as creeping plants and trees with descending branches, do not die; the new sprout forms, at one period, a part and parcel of the old individual, though at the same time it is a new independent being. But the old stem perishes, the vital force continuing in the new offset, which, in its turn extends itself on the one side, while it dies on the other. This same process, which is continuous in the plant and tree, also takes place in man and the higher animals, but in an interrupted manner. The young is separated from the parent as a new living body, before the old being perishes; the original individual dies, while the species remains apparently immortal.

Disease at Different Periods of Life.

Different systems of organs develop their greatest activity at different periods of life, and the organ temporarily most active shows its supremacy by exercising the widest influence throughout the body. In infancy, the gastro-intestinal system reigns paramount; in childhood, the cerebral; in youth, the muscular; in manhood, the sexual. In middle age, the cerebral rules again; and, in old age again, the gastro-intestinal.

Thus in infancy, if there be any febrile trouble, vomiting and diarrhœa most likely attend it; in childhood, delirium, nervous disturbances, convulsions, etc.; in youth, rheumatisms, cardiac and pulmonary diseases and blood disorders; in manhood, sexual derangements. In middle age again, cerebral and cerebro-spinal affections; and, in old age, more abdominal troubles.

Treatment of Skin Affections.

First regulate the secretions by means of tonics, cathartics, diuretics when they are indicated. I prefer quinia in 3-grain doses as a tonic, twice a day in lemon juice; syrup of rhubarb ℥ij, magnesia sulph. ℥j, as a cathartic in the afternoon at 2 o'clock. Dose of both to be *decreased* in women and children.

Local use as a wash:

℞ Sodii bicarbonatis.....℥ ij
Aqua.....℥ j
M.—Local wash for lepra vulgaris.

For Orchitis and Epididymitis.

An evaporating lotion, composed of equal parts of lotio plumbi and rectified spirits, generally affords speedy relief in most cases of acute orchitis or epididymitis; or a strong glycerite of belladonna (℥ ii of ext. belladonnæ to ℥j of glycerine); or oleate of mercury and morphia (10 per cent), or the local application of ice. Either of these will act as satisfactorily and more agreeably than leeching, poulticing, incising or strapping, when combined with judicious internal treatment. Minim doses of colchicum wine, hourly repeated, often help.

Inhalation Treatment of Tuberculosis.

Many attempts have been made to destroy the tubercle-bacilli in the lungs by the inhalation of antiseptic vapours and atomised fluids. For this purpose creasote, iodine, carbolic acid, eucalyptus oil, sanitas, etc., have been used. But Dr. Hassell (the inhalation treatment of Diseases of Organs of Respiration, including Consumption), has shown that the quantity of the antiseptic that enters the lung is so infinitesimal as to be quite incapable of destroying the the tubercle-bacilli, much less their spores. This applies not only to oro-nasal inhalers, but also to the method of inhalation by the vapour of hot water, and to the inhalation of fluids atomised by the steam-jet. By all these methods beneficial effects are often produced, more especially in the way of allaying cough; but the action is probably chiefly on the larynx and trachea. Whether inhalation in specially constructed chambers, supplied with medicated air, would be more successful, is very doubtful. It has not, at present, been much used on account of the great expense.

Carbolic Acid Hypodermically for Intermittent Fever.

Dr. Narich, of Smyrna, publishes, in the *Progres Medicale* of January 30th, the history of a case of intermittent fever extending over a year, not susceptible to the influence of quinine. From January 20th to 27th, an injection of forty centigrammes of crystallized phenic acid and fifty grammes of distilled water was made, night and morning, in the left arm. From the time the first injection was made, a period of nine months, the patient has been entirely free from the attacks.

Aqua Vitæ.

The inhalation of oxygen has been largely tried in phthisis and other affections with but temporary and doubtful benefit. Lately, a method is stated to have been discovered by a firm of chemists in Paris, by means of which oxygen can be rapidly and cheaply prepared; and it is now proposed to introduce a drink, consisting of distilled water charged with oxygen gas under pressure, similar to soda or seltzer water, for which, from its theorotically recuperative powers, the name of aqua vitæ is deemed suitable. There is something seducing in the idea of thus imbibing the aera vitæ, any lack of supidity in which can presumably be readily corrected by the admixture of suitable quantities of one or other of the alcholic beverages at our command.

It would be interesting to know the results, beneficial or otherwise, of such imbibitions; but for them to have any value as observations, it will be necessary for the individuals who are willing to sacrifice themselves on the altar of scientific experience, to state whether they mixed anything with their allowance of "oxygen water," and, if so, how much, and how often.

Diphtheria and Manure Heaps.

There could appear to be some relation between Diphtheria and manure heaps, according to recent investigations in Paris and London. Epidemics of the disease have been specially noted in the immediate vicinity of mews and extensive stables where manure is kept in great heaps; and the principal sufferers have been those whose living-rooms were situated over the stables. Dogs and cats "residing" in these localities have also been noticed to suffer from throat troubles.

Action of Alcohol.

Alcohol dilates the arteries and capillaries, allowing the blood to flow freely through the cutaneous vessels, imparting a glow and ruddy tint to the surface. Thus a glass of whiskey on a cold day allows the warm blood from internal organs to circulate over the surface, and imparts warmth to the chilled extremities. But it does this at the expense of the inside; and the cooled blood, returning to the vital organs, produces a depressing chill. But again, after the individual has gained a warm chamber, the cutaneous vessels are slow to dilate after their long contraction, and so the blood reaches the surface but slowly, though now exposed to warmth instead of cold. If alcohol be taken now, the process is materially hastened; the vessels dilate, and the blood circulates freely over the surface, and carries the warmth of the room back with it on its return to the interior. Simultaneously, the extra blood-pressure on the internal organs is relieved, lessening the danger of congestion, and consequent catarrh and inflammations. In this way alcohol is useful in preventing exposed persons from "taking cold."

Rheumatic Fever.

Mr. W. Adams, of London, looks upon rheumatic fever as an acute affection of the medulla oblongata, and suggests that chronic rheumatic arthritis might possibly be due to a chronic form of the same lesion. He regards "Charcot's disease" as a chronic affection of a certain part of the medulla, spreading to the vaso motor centre and causing changes in the nerves supplying the bones and joints.

The following differential table may be useful to distinguish rheumatic fever from "Charcot's disease:"—

Rheumatic Arthritis.	*"Charcot's Disease."*
1. Changes chiefly hypertrophic.	1. Changes chiefly atrophic.
2. Commences with soft tissues.	2. Commences in bones.
3. Painful through its course.	3. Generally painless.
4. Pain confined to joint.	4. Pains shoot through limbs.
5. No febrile disturbance, no gastric or ocular symptoms.	5. All these are present.
6. Reflex symptoms present,	6. Reflex symptoms absent.
7. Limited mobility.	7. Flail-like mobility.
8. Progress slow and chronic.	8. Progress rapid and acute.
9. Patients often reach old age.	9. Patients seldom reach old age.

Diet for Dyspeptics.

Raw Oysters, Chicken Broth, Lamb Broth, Beef Tea, Boiled Halibut, Boiled Codfish, fresh or salt, Boiled Pig's Feet, soused, Boiled Tripe, soused, Boiled Fresh Trout, Boiled Chicken, Boiled Mutton, Boiled Turkey, Boiled Lambs' Tongues, Boiled Beef's Tongue, Broiled Venison, Broiled Beef's Liver, Broiled Beefsteak, Roast Lamb, Roast Goose, Roast Beef, Warmed Hash, Dropped Eggs, Boiled Rice, Boiled Parsnips, Boiled Fresh New Beets, Boiled Potatoes, Baked Potatoes, Fresh Green Peas, Raw Cabbage, red or white, in vinegar, Fresh Asparagus, Sago Pudding, Tapioca Pudding, Manioca Pudding, Custard Pudding, Corn Starch Pudding, Rice Pudding, Baked Sweet Apples and Milk, Old Wheat Bread, not toasted, Cold Rye Bread, Graham Bread, Corn Cake, Soda Crackers, Cream Pie, crust made of sponge cake, Sponge Cake, Blanc Mange, Ice Cream, Oranges, Watermelon, Mellow Apples, Grapes, Blackberries, Black Tea, Milk, Coffee.

TO BE AVOIDED.

Clams, raw or fried, Fried Fresh Fish, of any kind, Roast Duck, Roast Veal, Fried Veal, Fried Pork, Fried Potatoes, Fried Onions, Boiled Onions, Boiled Cabbage, Toasted Bread, Lobster Salad, Bananas, Strawberries, Nuts, Cheese, all Relishes in the shape of Pickles or Sauces, Baked Beans, Fried Eggs, Fried Ham, Fried Apples, Raw Onions, Doughnuts, Fritters or Buckwheats, Chicken Salad, Pineapples.

Why will you persist in drinking tea and coffee?" asked the doctor. "A milk diet is the healthiest, it contains all the elements of the human blood." "Very true," replied Boggs, swallowing a third cup of coffee; "but then you know I am not blood thirsty."

A Caution.

A modern tablespoon represents about five and a half, instead of four drachms; a teaspoon holds eighty minims at least, instead of sixty; and more can be "got in" by careful pouring; and a dessertspoon takes in nearly four drachms. These are facts to remember, when prescribing powerful remedies, as arsenic and strychniæ.

It is a singular but well-authenticated fact that in the spring of the year, many males are subject to bleeding from the nose and rectum with a regularity little short of female periodicity; these spontaneous hemorrhages being especially prone to manifest themselves in individuals of a vigorous sanguineous temperament.

Turkish Baths for Leucorrhœa.

Leucorrhœa, when not dependent on uterine disease, is frequently benefited and even cured by a course of Turkish baths, as the increased secretion is in many cases due to obstruction of the general cutaneous glandular apparatus, from want of necessary exercise.

Aortic Aneurism.

The patient cannot swallow food
So well, he says, as once he could.
Œdema, pain, sometimes pulsation,
Something wrong with respiration.
Five likely causes for dyspnœa;—
Veins, vagus, bronchus, lungs, trachea;
If these are by the tumour pressed,
The breathing will be much distressed.

MORTALITY AMONG PHYSICIANS under the age of thirty is higher than that of any other profession during the same period of life.

When to Take Stimulants.

The habit of taking stimulants between meals is disastrous in two ways: Firstly, the alcohol introduced into the stomach causes a hypersecretion of gastric juice, which, having no food to act upon, irritates the unprotected mucous membrane, provokes flatulence and distension and thus disorders the action of the heart, causing palpitation and irregular blood-supply to the brain. Secondly, the waste of gastric juice prevents a proper amount being held in reserve for meals, so the food is only partially assimilated, hence, anæmic symptoms. The moral is that stimulants should be taken with food, if at all.

Terebene in Phthisical Cough.

We have lately tested the properties of pure terebine in several cases of phthisical cough, and have been much gratified with the general results. In each case the cough has been softened and lessened and the sputum raised with much greater facility and less effort. We commenced with three drops on sugar, increasing it gradually up to, in one instance, eighteen drops. It is quite agreeable to the patient when taken on sugar. Merck's pure terebene was used. It is easily obtainable.

The Digestion of Milk.

Dr. M. Reichmann of Germany draws the following conclusions from a number of elaborate experiments as to the digestibility of milk in the human stomach.

1. Boiled milk leaves the healthy stomach more rapidly than an equal quantity of unboiled milk.

2. The digestion of boiled milk is more rapidly accomplished than that of unboiled milk.

3. The coagulation of unboiled milk in the stomach is complete in five minutes.

4. The coagulation is not caused by the acid of the gastric juice, but by the influence of a special ferment (milk-curdling ferment).

5. The acidity of the gastric juice is at first due almost solely to lactic acid, and, later in the process of digestion, to the presence of hydrochloric acid.

6. Hydrochloric acid first appears in perceptible amount forty-five minutes after the ingestion of half a pint of milk.

7. For the first hour and a quarter after the ingestion of milk the acidity gradually increases, and then decreases, until the milk has entirely left the stomach.

8. The curds of casein in digestion of boiled milk are much softer than in the case of uncooked milk.

Diagnosis of Pneumonia.

Pneumonia may be accurately diagnosed from pleurisy with effusion, by the absence or great diminution of chlorides in the urine; and these will reappear in the urine in direct proportion as the lung or lungs recover the normal condition.

In the bones of a child, the earthy matter constitutes one-half, in those of an adult, four-fifths, and in those of an old person, seven-eighths, of the whole mass. In the fœtus, the bones are at first cartilaginous, but ossification commences as early as the second month of gestation.

An ointment of calabar bean, (twenty grains to the ounce of lard or vaseline), applied to the breast will restore the secretion of milk when suddenly or temporarily arrested. It must be carefully washed off before the child is suckled.

When warts in the neighborhood of the vagina and anus re-appear in successive crops after removal, the last growths will usually be found to be of malignant character.

Therapeutic Notes.

The following items which are taken from my note book have been of such use to me that I am lead to think they may furnish useful hints to others as well. Few of them are original, but have been derived from all possible sources and have been utilized by me to a greater or less extent.

Tonics should be administered with certain alteratives when given for long periods of time; for instance, quinine with mercury; cod-liver oil with iodide of potash; and iron with the various salines.

Emetics are not given enough. Effects upon the liver and intestinal tract are often more obtainable in this way than by any other.

The diarrhœa of phthisis is usually relieved by a pill of g. terebinth, cupri sulph. and opium.

The best treatment of engorgement of bronchial mucous membrane is to keep the bowels open.

The best respiratory stimulants are ammonia, atropia, strychnia, ipecac and squills.

Expectorant.—Eth. sulph., gtts v–x every three or four hours.

Pruritus (general).—Potass. brom., grs x, potass. liq. gtts. x, three or four times daily.

Lumbago.—Potass. cit., grs xx ter die with hypodermics of morphine and atropia.

Salines act better after physiological doses of calomel.

The action of quinine is increased by half drachm doses of bitart. of potash.

Belladonna or bromide of potash often prevents the disagreeable effects of iodide of potash.

Alcohol helps the organism to tolerate large doses of quinine.

The addition of alcohol to croton oil renders the latter less powerful but none the less effective.

Chorea.—Fl. Ex. cimicifuga in gradually increased doses.

Columbo checks colliquative diarrhœa and relieves irritability.

Senega for the bronchitis and emphysema of old people. Balsams act best in chronic diseases of the bronchial mucous membrane.

The secretion of urea is increased by sod. salicyl., sod. benzoat, colchicum and hydrarg. bichlorid, as well as by the salts of potash.

Salines have an increased cathartic effect if given in a concentrated form, withholding all liquids.

Iodine is one of the best anti-suppurative remedies. It has been used with success in typhoid fever and pneumonia.

Calomel, one half grain, is said to relieve dryness of tongue in six hours.

Tonsillitis.—Local applications of bicarbonate of soda.

The cough of phthisis is often relieved by remedies which act upon the liver.

Counter irritation of the neck, over course of pneumogastric nerves will often relieve asthma.

Arsenic is one of the best tonics in chlorosis and the anæmia of women.

A saturated solution of sod. bicarb. best relieves pain of cautery burns.

Acids best relieve phthisical dyspepsia.

Chloroform increases the secretions.

Chloral hydrate or chloroform water in painful affections of the stomach.

Grain doses of ipecac act as a hepatic stimulant.

The pains of spinal irritation are often relieved by arsenic.

Vaseline is much used for conjunctivitis.

Caffeine slows the action of the heart, increases the amount of urea and decreases the amount of albumen excreted.

Salicin will often relieve dysmenorrhœa. It is of great value in tonsillitis and muscular pain.

Phlegmasia dolens.—Opium with alterative doses of calomel.

Epilepsy.—A hypodermic of morphine will often abort a paroxysm.

Sick-headache.—A hot foot bath with a fifteen grain dose of chloral.

Hoarseness.—Tr. guaiac am. ten drops on sugar every half hour. Steam inhalations.

Facial neuralgia.—Tr. gelsem. three drops every half hour. Salicylate of soda.

Weak heart.—Tr. stramonium and tr. digitalis, of each ten drops, three times daily.

Lead paralysis.—Large doses of strychnia.

Diarrhœa (in teething children).—Infus. camomile.—Columbo.

Regurgitation (of infants).—Calomel gr. j; aq Oj; teaspoonful every 15 min.

Eructation, Pyrosis and Fermentation.—Ac. carbol, gr. i-ii in mint water.

Inhalations of steam impregnated with oil of peppermint is almost a specific in relieving painful affections of the throat.

Calomel is one of the very best remedies in many of the acute diseases of children; the latter are so very tolerant of the drug that it is almost impossible to salivate with laxative doses. Its antipyretic effects and its sedative action upon the intestinal tract is fully appreciated only by those who have used it.

The value of carbonate of ammonia in the respiratory diseases of children is not fully recognized. It should be given in large doses well diluted with milk.

Ovarian pain is best relieved by belladonna, arsenic, valerianate of zinc and carbonate of iron.

Muriate of ammonia relieves congestion of the pelvic viscera.

Permanganate of potash in two grain doses is an excellent emmenagogue for strumous subjects.—J. J. BERRY, M.D., in *New England Medical Monthly*.

Crede's Method.

The following is Crede's own description of his method of delivering the placenta:

The natural detachment of the placenta occurs within a few minutes after the birth of the child, and is recognized by a discharge of blood and by marked diminution of the size of the uterus, which may now be felt as a firm ball, the size of a child's head, between the umbilicus and pubes. As soon as any afterpains have occurred the midwife grasps the entire uterus through the abdominal walls with both hands and presses it toward the concavity of the sacrum; she repeats this *several times*, if necessary, *but only during a pain*, until the placenta is found at the vulva or is entirely expelled.

If, from imperfect contraction of the uterus, or from tenderness of the abdominal walls, sufficient pressure to expel the placenta cannot be made, the attendant, guided by the umbilical cord, feels carefully in the vagina for the placenta; if a portion is felt, then, with one hand, *gentle* traction is made on the umbilical cord, while with the other pressure is made over the uterus. If the point of inser-

tion of the cord in the placenta cannot be reached, or if on *gentle* traction of the cord resistance is felt, no further effort to deliver the placenta in this way may be made until after *several uterine contractions* have occurred, which may be increased by gentle rubbing and pressure. If the placenta is found low in the vagina and readily reached by the finger, then the attendant shall pass the index and middle fingers as far up on the placenta as possible and press it gently downward and backward, while with the left hand the cord is made tense. When the placenta appears at the vulva the attendant shall grasp it with the fingers of one hand, and draw it gently upward and slowly turn it upon itself several times in order that the membranes may form a cord and not be torn away. When delivered the entire afterbirth and any coagula are removed under the flexed leg of the woman and placed in an empty baisin.

All strong traction on the umbilical cord, or attempts to extract the placenta when high up by introducing a part or the whole hand, or to aid the efforts at extraction by straining, coughing, blowing in the hands, etc., are *very dangerous*, and therefore are *forbidden*.

Coca in the Alcohol Habit.

Some years ago I had occasion to ask the question: "Why does the drunkard return to his habits of intoxication?" The popular impression undoubtedly, is, that the cause of relapse exists in some vague disease of the brain, induced by the use of alcohol, and which is essentially incurable; once induced it remains to torment the unfortunate wretch for the remainder of his days. It is my firm belief that were we to attentively consider the circumstances of each individual case, we would find that the cause is by no means so occult or so deeply seated. Moreover, some cases are undoubtedly cured and the cure is permanent. Among the causes for the recurrence of intemperate habits I have noticed the following:

(1) Previously existing disease which had led to drink. It is a misfortune to a neuralgic when the relief afforded by alcohol is manifested to him. Dyspepsia has caused many a man to become a drunkard.

(2) Overwork; especially when accompanied by ill-health. When a man begins to resort to alcohol to enable him to perform tasks which are above his unaided strength, he is calling the Saxons into Britain; he is invoking the aid of an ally who will certainly one day turn upon him with deadly effect. The most hopeless cases received in our asylums are those which come under this head.

(3) Catarrh of the stomach is responsible for many cases. This is due to the direct effect of alcohol upon the gastric mucous membrane. It is the source of the "next-morning headache," the thirst, and the loathing of food in one who is just getting over a debauch. The temporary relief afforded by alcohol in these cases induces many to continue their potations who would otherwise have stopped.

(4) Catarrh of the mouth. Although the gastric catarrh has been generally mentioned by writers it is singular, that none of them have called our attention to catarrh of the mouth. A little observation will show that after a night's drinking the oral mucosa are invariably in a catarrhal state. This causes dryness of the mouth, the secretions of the mouth and salivary glands being suspended. I am convinced that in many cases the desire for drink has no deeper origin than the mouth. My attention was first called to this by the statement of a patient that he could satisfy the desire for a drink by simply *gargling* with whiskey, instead of drinking it. Inquiry among drinking men elicited the fact that this was becoming a common practice, especially in New York.

(5) The depression due to the withdrawal of the accustomed stimulus is, however, in nearly all cases, a powerful incentive to a relapse into habits of tippling.

The treatment of these varieties must necessarily greatly vary. In the first and second classes the recognition of the cause affords the indication for treatment.

In the third class, namely, that dependent on gastric catarrh, the following treatment has proved most beneficial in my hands: One hour before meals give a tea-cup of hot water in which has been dissolved ten grains of bicarbonate soda. This dissolves and carries off the tough adhesive mucus which coats the mucous membrane of the stomach, and which besides hindering digestion, acts also as a ferment. Half an hour later, drop upon the cleansed surface of the gastric mucous membrane, a small dose of subnitrate or sub-carbonate of bismuth, oxide of zinc or oxide of silver. In a few days the catarrhal symptom, will subside. If the digestive fluids be not secreted in a healthy manner, minute doses of rhubarb and ipecac will restore the normal functions much more certainly than pepsin of any sort.

In the fourth and fifth classes I desire to recommend the administration of Erythroxylon Coca. It is useless in the treatment of delirium tremens, but to relieve the depression resulting from the deprival of stimulants it has remarkable powers. Its effects in relieving one from the sense of fatigue are too well known to

require more than a passing notice. I have frequently returned to my home after a hard day's work only to find that a still harder night awaited me in the shape of a tedious labor case. A dose of coca, however, removed the fatigue and left me as fresh as when starting out in the morning after a sound night's sleep.

Some years ago I was consulted by a gigantic Irishman who worked as fireman in a rolling-mill. He informed me that when he had finished his day's work he was so fatigued that he was unable to find his way home unless fortified by a drink of whiskey. But unfortunately, the first taste fired poor Paddy's heart and the inevitable result was "a spree." I gave him some fluid extract of coca leaves, directing him to take a teaspoonful just as he quit work. The result was, as he afterwards informed me, that in five minutes the fatigue had so completely left him that he felt quite ready to go back to the shop and do a second day's work at once.

This case was cured and the cure has remained for five years without a relapse. In repeating this experiment I found an obstacle in the fact that men did not like to be seen taking medicine. They could not be induced to carry a bottle and spoon around with them and withstand the badinage of their companions. Besides, the liquid preparations of coca contain alcohol, and I may say here, that in all experiments with coca, it is necessary to exclude carefully the effect of alcohol, which obscures and often counteracts the effect of the remedy.

After many trials I succeeded in having the coca put up as a masticatory in the form of plugs like tobacco. A chew of this "Cocabola" taken occasionally throughout the day will generally completely satisfy the craving for stimulants, and at the same time remove any feeling of depression or fatigue. The addition of the tea and coffee seem to assist considerably the sustaining and stimulating effect of the coca leaves without producing any injurious after effects.

The advantages of this method of administering were found to be many and removed completely all the difficulties previously referred to. It contained no alcohol and did not require the use of the objectionable bottle and spoon, was exceedingly convenient, and as it so closely resembled tobacco, its continued use excited no remark. Besides it could be easily carried in the vest pocket and was always at hand when needed. DR. W. F. WAUGH.

HALF-DRACHM doses of liquid extract of ergot will arrest obstinate hiccough.

The Battle of the Leucocytes and the Bacteria.

If we summarise the story of inflammation as we read it zoologically, it should be likened to a battle. The leucocytes are the defending army; the roads and lines of communication, the blood-vessels. Every composite organism maintains a certain proportion of leucocytes as representing its standing army. When the body is invaded by bacilli, bacteria, or micrococci, chemical or other irritants, information of the aggression is telegraphed by means of the vaso-motor nerves, and leucocytes rush to the attack; reinforcements and recruits are quickly formed to increase the standing army, sometimes twenty, thirty, or more times the normal standard. In the conflict cells die and often are eaten up by their companions; frequently the slaughter is so great that the tissues become burdened by the dead bodies of soldiers in the form of pus, the activity of the cell being testified by the fact that its protoplasm often contains bacilli, etc., in various stages of destruction. These dead cells, like the corpses of soldiers who fall in battle, later become hurtful to the organism they in their lifetime were anxious to protect from harm, for they serve as breeding grounds where in the bacteria may germinate, and, like a pestilence and scourge, devastate the individual. The analogy may seem to many a little romantic, but it appears to me to be warranted by the facts which I have ventured to place before my audience.—J. BLAND SUTTON, F.R.C.S.

Brain Weights Compared.

The maximum weight of a horse's brain is 1 lb. 7 oz; the minimum of a human brain, 2 lb. 5½ oz; yet the nerves at the base of the horse's brain are ten times thicker than those at the base of a man's brain. But the development of the intellectual faculties in the animal scale is dependent on the size of the brain, and not on the size of the spinal cord.

M. PASTEUR states that he has many times noticed a marked improvement in the general health, weight and condition of persons who have become inoculated after having been bitten by rabid animals.

An enterprising undertaker sent the following cool note to a sick man;—"Dear sir, having positive proof that you are rapidly approaching Death's gate, I have thought it not imprudent to call your attention to the enclosed advertisement of my abundant stock of ready-made coffins, and desire to offer the suggestion that you signify to your friends a wish for the purchase of your burial outfit at my establishment."

Tuberculariзation of Wounds.

Boy, æt. 11. Parents and a brother healthy, sister æt. 15 years consumptive. Osteomyelitis of right femur. Two years later there remained a couple of fistulæ; one of these was opened and some bone chiseled off (no sequestrum) and the granulations removed. The other fistula then closed. Primary union of the incision down to the drainage opening. Discharged in three weeks with a nicely granulating surface. Readmitted seven months later. The wound had not healed—on the contrary there were two additional openings with fungous cheesy granulations. The appearance and secretion of the wound were much worse. It had been dressed daily in a small room where lay his sister, who recently died of tuberculosis; he slept and his bandages were kept in the same chamber. The healed fistula had remained healed. The bone to the extent of the defect made at the first operation and a depth of ½ to 1 ctm. was carious. That it was a pronounced tuberculosis was clear. Microscopical examination of the granulations and bone showed numerous miliary tubercles and after much trouble also scattering but definite bacilli. The sore was dressed with iodoform gauze and the patient dismissed in six to seven weeks, the wound not quite healed.—*Annals of Surgery.*

Treatment of Diphtheria.

Of the first or *local treatment*, the least that is done the better for the patient. A detergent gargle with a patient who can use a gargle, or a detergent solution by spray with a patient that does not feel any inconvenience from it, will serve to cleanse the throat and to make the patient more comfortable. Perhaps hot water is as good a gargle as anything else; or a teaspoonful of chlorate of potash, or of hyposulphite of soda, or of boracic acid, or of chloral hydrate to the pint of hot water, used as a gargle every three hours, or oftener if desired. Any irritating application, as iodine, or nitrate of silver, or carbolic acid, or anything else of sufficient strength to set up any inflammatory action is productive of evil, and evil only. I have fought the mop and the probang from my first acquaintance with the disease; and though I stood alone for many years, I am glad now to know that I have many coadjutors in my crusade against their cruel misuse. Under irresistible temptations, I have occasionally pulled off with my fingers, or with the forceps, considerable portions of semi-detached membrane flopping about the fauces or hanging from the velum, and have never yet done so without cause of regret. I have invariably in doing so torn some small parts of the mucous membrane about the fauces, and in doing so have made a new plant-bed for the bacillus diphtheriæ which he has never hesitated to take advantage of. Now, I almost invariably, except as before noted, leave the local treatment to nature.

For the excessive sensitiveness of the faucial membrane sometimes following the cleaning off of the diphtheritic deposit, and rendering it almost impossible to induce a patient to take food on account of the pain caused by deglutition, I have found that a four per cent. solution of cocaine applied every three or four hours would give marvellous relief.

Sometimes I have thought that it were almost as well to leave the *general treatment* to the same wise and beneficent Physician. But, generally, I am sure that, by the judicious use of certain remedies, nature may be aided in casting out the morbific material that is poisoning the blood, and may be strengthened and fortified in her work. Many remedies have been recommended for the good and for the bad forms of diphtheria. In truth, the mildest cases need no treatment, and unless we are very lucky we will be likely to conclude that many of the bad cases could have done no worse without treatment.

I do not propose to enumerate the long array of remedies which have been put forward as cures for diphtheria. I shall only speak of those which have done most good in my own experience; and whilst no disease can be directly cared for by any routine regimen, I think we can as nearly prescribe by rote for diphtheria as for any other malady which I have known.

In cases requiring any general treatment, I order at once the following solution, which contains as many elements calculated to meet general indications as any other combination that I can devise:

℞.—Potass. chlorat.
Tinct. ferri chloridi.....ãã.....ʒ ij
Liq. arsenici chlorid.....gtt. xij
Hydrarg. bichloridi.....gr. ¼
Syr. aurantii cort.....ʒ j
Aquæ fontanæ.....q. s. adʒ vj.

M. S.—Give one tablespoonful every two (2) hours to an adult, following in one hour and a half by tablespoonful of whiskey in milk or water. (Proportion the dose of both according to the age of the patient, if a child).

For food, give milk, beef-tea, egg-nog, cocoa—given soon after the medicine or after the whiskey—and in such quantity as not to cloy or sicken. I think that the mistake is often made of crowding the stomach too full or filling it too rapidly. If there be chill and fever in the beginning of the disease—as is often the

case in this climate—I give a mercurial laxative when first called in, to be followed by full drachm doses of hypo-sulphite of soda as often as may be necessary to keep the bowels open, and from five to twenty grains of quinine, according to the age of the patient, every morning as long as there are afternoon exacerbations. For the swelling, beginning generally in the glands of the throat, and sometimes extending into the subintegumentary tissues of the whole neck, until it is swollen out on a plane with the face, I have found nothing equal to a fifteen per cent. solution of oleate of mercury, rubbed in every four hours until a pretty good crop of vesicles appears. When this appears, I have often seen the swelling subside as if by magic. When the oleate fails to relieve that symptom, I regard the case as grave in the extreme, and make my prognosis accordingly.

One most disagreeable and distressing complications of the disease—the extension of the diphtheritic inflammation into the nares—is treated by detergent washes, the nostrils being syringed out repeatedly in the twenty-four hours. I have seen the greatest distress caused by this treatment, especially in children; and if any physician will practice the same process on himself, using the same detergent on his own Schneiderian membrane—even in its healthy state—he will not be likely to desire a repetition of the operation. If any thing be used, I earnestly recommend that it be only a warm and weak solution of table salt; but I am sure that nature had better be left to cleanse these passages herself. Besides, no man can say that he will not inject the Eustachian tube, in the frequent performance with the syringe, and thus carry the disease into the middle ear. I have no doubt but that this often occurs.—*Dr. J. H. Claiborne, in Va. Med. Monthly.*

Air Pressure in Lung Diseases.

The most modern addition to respiratory therapeutics is the mechanical treatment of certain affections of the respiratory tract by means of alterations in the pressure of the air. The various apparatus, designed with this object in view, comprise quite an arsenal, from the complicated inventions of Finkler and Koch to the simple accordeon-bellows of Frankel. On a more elaborate plan, the pneumatic chambers are available, and have been in operation for some years with, it is alleged, eminently beneficial results in a restricted class of cases. We are all of us familiar with the advantages attending a change of air with certain patients and certain maladies; and it cannot be doubted that much of the good so obtained is attributable partly to the change in atmospheric pressure, in combination with variations in the hygroscopic and electric properties of the respired air. What has been done of late has been with a view of conducting the treatment on a scientific basis, whereby, with careful observation, the credit due to the various factors of pressure, temperature, and composition, can be more accurately determined, and long, expensive, and unnecessary voyages rendered to a large extent superfluous.—*British Medical Journal.*

Condy's Disinfectant.

Dissolve 333 parts of sulphate of aluminium in 777 parts of water. Heat this solution and dissolve in it 53 parts of permanganate of potassium. Let cool and decant from the crystallized alum. Dilute.

Brain Lesions.

Lesions of the medulla oblongata and corpora quadrigemnia are prone to cause both paralysis and convulsions; lesions of the cerebellum, pons varolii, and cerebral hemispheres cause paralysis alone. And when convulsions attend the above lesion, they occur on the wounded side, whereas paralysis affects the opposite side in most cases.

Hints in Heart Disease.

A systolic "bruit," when loudest at the base of the heart, indicates aortic obstruction; when loudest at the apex, it denotes mitral insufficiency. A diastolic "bruit," when loudest at the base, signifies aortic insufficiency; when loudest at the apex, mitral obstruction. Aortic disease is characterized by a regular pulse, either full, strong, jerky, not resilient; mitral disease, by an irregular, intermittent, unequal, or soft weak pulse.

Relation of Syphilis to Scrofula and Tubercle.

If scrofula be latent in the system or there be a predisposition to that disease, an attack of syphilis is very likely to cause its development; but there is no reason to suppose that syphilis can produce scrofula, or is in any way connected with it. Neither is syphilis in any way allied to tubercle but the debility and malnutrition induced by syphilis may predispose the system to the development of tubercle.

A Remedy for Chloasma.

℞ Hydrargyri oleates, (10 per cent).....℥ iij
Acid, oleici.....℥ ij
Ætheris acetici.....℥ j

M—To be applied with a brush.

L. Lewis, M.D.

Differential Diagnosis of Ulcers of the Face.

LUPUS.	RODENT ULCER.	EPITHELIOMA.	SYPHILIS.	STRUMA.
In young people.	In elderly patients.	In adult life.	In children.	In children.
Attacks skin of ala of nose.	Favorite position the skin of lower eyelid.	Attacks junction of skin and mucous membrane—lips, nose, eyelids.	Affects corners of mouth and margins of nose with deep scars.	Superficial eczematous ulceration, with crusting on lips and nose, leaving no scars behind.
Commences in a discolored tubercle.	Commences often in a brown horny patch.	Commences as a small irregular tubercle.	Commences often in vesicles or blebs.	
Ulceration superficial, and slowly spreading across the cheeks, healing at one part and breaking down at another.	Spreads steadily with no induration.	Infiltrates from first and extends rapidly.	In adults.	
No glandular affection.	No tendency to heal.	Glands involved.	Superficial, more or less circular multiple ulcers about any part of face, with scars of healed ones; or, deep unhealthy cavities from breaking down of gummata.	
Not usually painful.	No glandular affection.	Painful.		
	Not painful.			

CHRISTOPHER HEATH, M. D., London.

Fothergill's Treatment of Bronchitis.

In the stage of *excessive secretion* he recommends—

℞. Amm carb. ..... gr. iv.
Tinct. nuc vom. ..... ♏ x.
Inf. cinchonæ ..... ʒj.
M.—Give every four to six hours.

If the case is not very severe we may use—

℞. Liq. atropiæ ..... ♏ j.
Liq am. anisat ..... ♏ xv.
Aq ..... ʒj.
M.—Give every four to six hours.

If the case be mild, then—

℞. Ac. hydrobrom ..... ʒ ss.
Sp. myristicæ ..... ♏ ij.
Syr. scillæ ..... ʒ ss.
Sp. chloroform ..... ♏ xv.
Aq ..... ʒj.
M.—Three or four times daily.

In *chronic bronchitis* we may give—

℞. Strychniæ ..... gr. 1/24
Pulv. ipecacuan ..... gr. ¼.
Pulv. digitalis ..... gr. ½.
Pil. galban. co. ..... gr. ij.
M—Twice or thrice daily.

If the bowels are not regular, a small quantity of podophylin or croton oil may be added.

To secure rest at night we may use—

℞. Bromidi ammonii ..... ℈j.
Tinct. camphoræ ..... ʒj. M.

Or,

℞. Morphiæ mur ..... gr. ½.
Acid. benzoici ..... gr j.
Pil. scillæ co ..... gr. ij. M.

Not Pregnant.

A local physician, noted for his "horse-sense" rather than for special talent in the direction of "exact" diagnosis, has added one more to the long list of signs in the diagnosis of pregnancy. He was consulted by a husband who was anxions to be a father, and who had begun to flatter himself on the supposed appearance of encouraging symptoms, after a year or so of faithful effort and anxious waiting. The doctor was requested to visit the house, and to institute the necessary examination to test the correctness of the suspicion. On entering he was met by an assortment of poodles with ribbons around their necks; a canary bird was similarly decorated, and the lady whose fond spouse cherished the hope that she might be in an "interesting condition," could with difficulty interrupt the conversation with the parrot sufficiently to reply to the doctor's introductory questions. After a brief survey of the collection, our friend, thoroughly disgusted, declared positively against the theory of pregnancy. "No woman," said he, with due interlarding of expletives, "who ties ribbons around the necks of poodles and canary birds, and keeps up a chatter with a parrot, is ever likely to have a baby.—*Medical Age.*

DR. BENJAMIN LEE, of this city, figures up the cost of the epidemic of typhoid fever at Plymouth, Pa., some months ago, at $711,104.

IT is said that consumption kills nearly as many per year in the United States as the cholera did in Spain last year.

The Doctor's Story.

Mrs. Rogers lay in her bed,
Bandaged and blistered from foot to head,
Bandaged and blistered from head to toe,
Mrs. Rogers was very low.
Bottle and saucer, spoon and cup,
On the table stood bravely up;
Physic on high and low degree;
Calomel, catnip, boneset tea—
Everything a body could bear,
Excepting light and water and air.

I opened the blinds; the day was bright,
And God gave Mrs. Rogers some light,
I opened the window; the day was fair,
And God gave Mrs. Rogers some air.
Bottles and blisters, powders and pills,
Catnip, boneset, syrup and squills,
Drugs and medicines, high and low,
I threw them as far as I could throw.
"What are you doing?" my patient cried;
"Frightening Death," I coolly replied.
"You are crazy!" a visitor said.
I flung a bottle at her head.

Deacon Rogers he came to me;
"Wife is comin' roun!," said he,
"I re'lly think she'll worry through;
She scolds me just as she used to do.
All the people have poohed and slurred—
And the neighbors have had their word;
'Twas better to perish, some of 'em say,
Than be cured in such an irregular way."
"Your wife," said I, "had God's good care,
And his remedies—light and water and air,
All the doctors beyond a doubt,
Couldn't have cured Mrs. Rogers without."

The deacon smiled and bowed his head:
"Then your bill is nothing," he said,
"God's be the glory, as you say;
God bless you, doctor, good day! good day!"

If ever I doctor that woman again,
I'll give her medicines made by men.

Have You Quilled Her?

Two young men, brothers, went west to speculate. They reached a frontier hamlet that, as yet, had but one doctor. At the hotel one was heard to call his brother "Doc." It soon got noised around that a young doctor had arrived, and was looking for a good opening in which to locate. One night a man came to the hotel after bed time, and said that the village doctor was away off on the plains several miles, and that his wife was about to be confined and he wanted the young doctor that he had learned was stopping at the hotel, to come over and attend the case. "Doc." was accordingly aroused, and his brother taking in the situation, told him, in a whisper, to get up and go, and to make believe that he knew all about it anyhow and have some fun. Accordingly he dressed and went as requested. He made careful inquiry concerning what the women present had already done. They told him how they had used hot drinks, hot foot baths, and hot cloths to the abdomen. He informed them that their treatment was just what he should have used had he been there, and then he asked them if they had "quilled" her. This produced a sensation. Some of the women looked surprised, but could not refrain from giggling. Finally one of their number said they did not know what that meant. He then very coolly asked for a quill and some Scotch snuff, both of which were promptly produced. Having filled the quill with some snuff, he put one end up the patient's nose and blew at the other end. The patient went into a violent fit of sneezing, the waters broke, and in ten minutes the child was born.—M. R. MORDEN, M. D., in *Medical Age*.

The galvano-cauterization treatment of diphtheria bids fair to become a most important mode in the therapeutics of this dread affection. It is said to be painless, fever soon disappears, there are no secondary effects, and the operation is easily accomplished.

Young Doctor: "They don't bleed people now-a-days as they did twenty years ago, do they, Professor?

Professor: Not *with* the *lancet*.

MR. ADDISON, in the House of Commons, three times attempted to make a speech upon a pending question, and each time stopped after uttering the words, "Mr. Speaker, I conceive." A witty member, after the third attempt, arose and remarked: "I regret exceedingly that my friend has conceived three times and has yet brought forth nothing. It is a manifest case of false conception."

Irish tramp.—"Is this a lying-in-hospital, mister?"

Janitor.—"Yes, this is a lying-in-hospital."

Tramp.—"Then I guess it's the right place for me, for I've been lying out these three nights."

BORACIC ACID has been recommended a trial in diabetes mellitus—seven or more grains three times a day. It is said to reduce the sugar with rapidity.

CLASS-ROOM NOTES.

[From the *College and Clinical Record.*]

—Prof. Bartholow thinks the addition of abstracts to the list of preparations in the Pharmacopœia was altogether unnecessary.

—For *nervous vomiting*, with constipation, in a healthy girl, Prof. Bartholow directed one of the officinal pills of aloes and asafœtida, ter die.

—Prof. Parvin recommends among other remedies for *salivation in pregnancy*, the smoking of a fourth of a cigar several times a day.

—In a case of *embolic hemiplegia* of long standing, Prof. Bartholow directed that the patient should take tinct. physostigmatis, gtt. xv, ter die.

—"Whenever it is practicable, we should prescribe *active principles* and concentrated preparations, and aviod nauseating and bulky doses." (Bartholow.)

—Prof Gross advises for the *night sweats* of hectic fever, this pill:—

℞ Zinci oxidi.....gr. ij
Extract hyoscami.....gr. ss M.
Ft. pil. j.

—Prof. Bartholow advises, for a *counter-irritant*, the addition of the oleoresin of capsicum, or the oil of mustard, to equal parts of chloral and menthol.

—Prof. Bartholow considers the most efficient remedies in the treatment of *sea-sickness* are chloral and potassium bromide. Their administration should begin before the cause.

—Prof. Da Costa treated a case of *cerebral embolism*, causing right hemiplegia, with digitalis; to aid in restoring the collateral circulation, potassium iodide, quinine and laxatives. Result, perfect recovery.

—For a case of *gonorrhœal rheumatism*, Prof. Da Costa directed that blisters be applied around the joint, and that the patient take a capsule containing ♏v of the oil of sandal wood, four times a day.

—Prof. Bartholow treated a case of *pleurisy* combined with *pneumonia* of low grade, with ammonium iodide gr. v every eight hours, and ammonium carbonate gr. v, dissolved in spts. of.mindererus ʒj, every eight hours, so taken that one remedy will be taken every four hours.

—Prof. Da Costa speaks highly of a double salt of sodium and iron, the pyrophosphate, in the treatment of *anæmia*. As it is unirritating, it is the best salt for hypodermic use. It is freely soluble, and can be given in large doses, as it does not irritate the stomach, nor does it produce constipation.

—Prof. Da Costa had at his clinic recently a case of *acute general œdema* without kidney, heart or blood affection. He considers this a case of what the old writers called inflammatory œdema, and to which he applies the term, catarrhal œdema. The lesion is principally in the areolar tissue. He recovered in about a week, under an active diaphoretic treatment. At first, ammonium acetate was given; afterward, jaborandi.

—Prof. Bartholow ordered for an hysterical girl with *scanty menstruation*, one of the officinal pills of asafœtida and aloes morning and evening, and one week before the expected menses the following pill:—

℞ Extract nucis vomicæ.....gr. ¼
Ferri arseniatis.....gr. ½
Mangani sulph. dessic.....gr. ij M.
Ft. pil. j.
Sig.—One three times a day.

—For a case of beginning *cerebro-spinal sclerosis*, Prof. Bartholow directed the following:—

℞ Auri et sodii chlorid.....gr. $\frac{1}{20}$
Hydrarg. chlorid. corrosiv.....gr. $\frac{1}{10}$ M.
Ft. pil,
Sig.—Ter die;

and one minim of oleum phosphoratum, well diluted, after meals.

—Prof. Da Costa showed, at his clinic at Pennsylvania Hospital, a most marked case of *chorea* successfully treated with hyoscyamine. The patient was a boy æt. 10; was unable to walk at all; could not raise anything to his mouth; could not protrude his tongue; could not speak a word; was much emaciated. Was placed on gr. $\frac{1}{200}$ of the drugs ter die, which was increased to $\frac{1}{100}$, producing some little dryness of the throat. He immediately began to improve, was out of bed in a week, and within three weeks was brought before the class, entirely cured.

—Concerning a case of *diabetes* with gangrene of one finger, Prof. Bartholow said: Withdraw all starchy and saccharine food from diet; instead use acid fruits and vegetables; if patient can stand it, skimmed milk is the best diet; certain mineral waters are useful, as the alkaline waters of Michigan and the Bethesda, of Wisconsin; large quantities necessary, especially good in fat subjects; ammonium carbonate and sodium phosphate, the chloride of gold and sodium, and cod liver oil, likewise serve a useful purpose.

—In treating mild cases of *epilepsy*, Prof. Da Costa gives the bromides during two weeks of each month only; in case the patient is a

woman, the week preceding and the one following the menses; during the remainder of the month, a salt of silver, or zinc oxide, or arsenic, or strychnine, or what was a favorite of Trousseau, belladonna to the point of tolerance. He has a patient who has taken the bromides continuously, scarcely missing a dose, and has gained rather than lost in intelligence. Of any single bromide, he considers that of sodium the best, but is partial to a combination.

—A girl presented herself at the clinic suffering with *acute rheumatism*. She has had repeated attacks. Has mitral regurgitation, dyspnœa, arterial tension high, heart acting tumultuously. In such cases Prof. Bartholow holds that digitalis is improper and dangerous. To diminish the work of the heart, he directed nitro glycerine to be taken, which lowers the arterial tension, thereby removing the irritability of the heart. Begin with one drop of the centesimal solution, ter die; increase the dose one drop till the physiological effects are produced, *i. e.*, flushing of the face and frontal headache. For the rheumatism, as the girl is anæmic, she will take tinct. ferri chlor., gtt. xxx ter die, best taken in a wineglass of water, through a tube. The taste in this way is not unlike that of sherry.

—Prof. Bartholow prescribed for a child æt. 4 years, suffering with *epileptic seizures*, and having a pale retina, picrotoxinum gr. $\frac{1}{75}$ morning and evening, along with rigorous attention to diet. This drug often acts admirably in such cases, when the bromides have failed.

—Prof. Da Costa directed for a case of *gastric vertigo*, with beginning cirrhosis of the liver, that the phosphate of sodium ℥j, be taken every morning; and hydrarg. chlorid. corrosiv. gr. $\frac{1}{40}$, ter die, to keep up the secretion and to act on the liver. Patient must live on a diet of meat, milk and vegetables; no oleaginous food at all.

—For a man having *recurring epistaxis* and a tendency to bleed from the gums, due to a malarial cachexia, Prof. Bartholow ordered the following to be taken, ter die:—

℞ Quininæ sulphatis.....gr. v
Extracti ergotæ.....
Magnani sulphatis.....āā gr. ij M.
Fiant. pil. ij.

—Prof. Bartholow prescribed for a boy with a very *tumultuously acting heart*, a mitral regurgitant murmur and anæmia, this pill, to be taken morning and evening:—

℞ Quininæ sulph..... gr. ij
Pulv. digitalis.....
Ferri sulph.....āā gr. j
Pulv. opii.....gr. $\frac{1}{15}$ M.
Ft. pil. j.

Bread and Liquor.

The people of this great and glorious republic spend every year, $900,000,000 for gin, rum, brandy and beer, and $505,000,000 for bread; $57,000,000 to doctors; $38,000,000 to lawyers. Think of it! twice as much for liquors as for bread. No wonder the lawyers and doctors get rich.

L. G. Doane, M. D.

Early Puberty.

A large muscular boy, apparently ten or twelve years old, came under treatment on account of bowing of the tibiæ due to rickets, and the parents made the astonishing statement that he was born on May 17, 1882, a statement subsequently confirmed by a reference to the birth-certificate preserved at Somerset House. He was three feet, eight and a half inches high, and weighed four stone, six pounds. There was some down on his cheek, and, though there was no hair on the chest or in the armpits, he was as hairy as a man about the pubes and in the perinæum. His penis was as large as a man's, and was noticed to be erect every morning, though the testicles were rather smaller than those of an adult. The pomum Adami was well developed, and his voice was cracked like that of a boy losing his "childish treble." The development of his brain, however, had not kept pace with the growth of his body, and his mental state was about that of a child of his years. The girth of the head round the occipital and frontal protuberances was twenty-one inches, which is certainly not very small for his bulk. It is interesting to note that, in spite of the great development of his sexual organs, he has never given any evidence of sexual desire, and that no seminal emissions are known to have occurred. The boy was the third child in a family of five, and he was bigger than the eldest child, who was over seven years old. He was suckled for nine months. At about one year of age he began to grow rapidly and to eat voraciously, so that nothing seemed to satisfy him. Hair began to grow on the pubes, and before he was a year and a half old, he was as hairy as a man. At about that time this very rapid rate of growth ceased, and, since then, his mother thinks he has only grown with ordinary rapidity. Mr. Bruce Clarke performed osteotomy on the bowed tibiæ, and the boy made a good recovery.—*British Med. Jour.* Feb. 6, 1886.

Notice of Removal.

Dr. T. Gaillard Thomas has removed from 294 5th Avenue, New York, to 6000 Madison Avenue, between 57th and 58th Streets.

Original Communications.

Short articles on the treatment of diseases and experience with new remedies are solicited from the profession for this department; also difficult cases for diagnosis and treatment.

Articles accepted must be contributed to this journal *only*. The editors are not responsible for views expressed by contributors.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them: and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else. —RUSKIN.

Cervical Abscess in Infant of Two Months—Symptoms of Blood-Poisoning—Operation—Cure.

Editor MEDICAL WORLD:

On February 19th, 1886, I was called to see the infant son of Mrs. S——. I had attended the lady two months previously during parturition; the labor lasted six hours and was nominal. She was able to sit up on the seventh day. The child was well developed, and appeared in every respect to be healthy.

The father is a confirmed alcoholic. I could find no specific trouble either hereditary or acquired in either parent. They have one other child, æt. two years, who is well formed and healthy.

The following is the history of the case:

About five days previous to my summons a small red swelling was noticed under the angle of the inferior maxilla on the left side; on touching it the child evinced signs of uneasiness, though it did not cry. There were no febrile symptoms whatever at this time. No history of injury could be obtained.

When I first saw the child a swelling about the size of a peach was found in situation mentioned. The slightest touch seemed to give so much agony that a close examination was not made; but the tumor was seen to be very tense and red, with a large area of diffused inflammation. The child would not nurse, and had been very restless all the night preceding.

The parents had done nothing, being told that the swelling would go away of itself. I prescribed sedatives, also poultices to be constantly applied and kept hot. The third or fourth dose had the effect of quieting the child's uneasiness.

On February 20th, when I was called at 8 P. M., a marked change had passed over the child. It was lying in its mother's arms, its mouth open and parched, tongue dry and furred, pulse rapid, thready and irregular, respiration shallow, skin hot and dry, temperature (oral) 103°. Whenever the head was moved the child uttered a plaintive moan; and there was a constant twitching of the fingers (subsultus tendinum). At short intervals a trembling similar to a chill passed the child, and its eyes, though partly open, did not respond to light, and the conjunctival reflex seemed lost.

I informed the parents and friends of the danger the child was in from blood-poisoning, and advised an immediate operation, which they had refused before. I also expressed grave doubts as to the child surviving even the operation, but it was the only road open.

On February 21st, at 10 A. M., I proceeded to operate, with the kind assistance of C. L. Weiher, of this city, who administered the chloroform. An incision about two inches was made from the angle of the jaw downward and forward. About an ounce and a half of thick creamy puss gushed out, and a probe was passed downward and inward toward the trachea over an inch; by digital examination no dead bone was found, nor any enlarged glands. Antiseptic precautions were observed during operation, and the wound was dressed with carbolized oil and balsam of Peru, with pad and bandage.

February 21st, 7 P. M.: Child rallied well from operation; took the breast and slept. Temperature 100°, pulse stronger (count lost), skin warm and moist.

February 22d: Wound discharged freely; cleansed and dressed as before; not much restlessness when wound is dressed. Child feeds and sleeps well.

February 24th: Wound perceptibly smaller; child quite lively. No evidence of pain.

February 26th: Wound entirely filled with granulations.

February 27th: Discharged cured, with instructions to keep bandage on for a week longer.

I have given a tolerable full history of this case and its treatment for two reasons:

First. To show that cleanliness and *free incisions* will do much toward mitigating these troubles, even in very young patients with grave symptoms; and

Second, In the hope that I may get some light upon the probable cause of the trouble, as I have looked through my books for a similar case, and also inquired of my medical friends, but without success, though I have no doubt that many such have already been observed.

H. A. HOFHEIMER, M. D.
236 West 126th St., New York.

Another Unexpected Babe.

Editor MEDICAL WORLD:

The case of Dr. J. A. De Armond, "An Unexpected Babe," reminds me of a similar case. In June, 1878, Mrs. B. was taken suddenly ill while washing clothes. I was immediately sent for, and as quickly responded, as I live in the immediate vicinity. When I

entered the room she was having a severe labor pain. That of course suggested the nature of the case at once. Being well acquainted with the lady, and having never heard by the neighboring ladies the least intimation of her being in the family way, I at once surmised a miscarriage. The woman, when questioned, said she had severe colic, but denied any knowledge of pregnancy. An examination was suggested, and the patient submitted when told the possibility of an abortion. The examination revealed a well dilated os uteri, and fœtal head encroaching on the perineum. A large female child weighing 9¾ pounds was quickly expelled. The patient in this case, as in Dr. De Armond's, was a multipara, and had nursed a child twenty months old up to ten days of this confinement. This lady's mother-in law and two sisters-in-law had all lived in the same house for over a year, and had never suspected anything of the kind. The twenty months old child, previously mentioned as nursing, had been sick with obstinate diarrhœa and vomiting. I was the attending physician and called Dr. C. D. Buss, of Bradford, in consultation, a few days prior to her confinement. We concluded that the mother's milk did not agree with the child and ordered it weaned, but neither suspected the mother's pregnancy as a cause. I am certain no one connected with this case surmised this woman's condition, unless it was herself, and I have no reason to believe that her innocence was assumed.

Gilmor, Pa. H. P. CANFIELD.

Enlarged Head.

Editor MEDICAL WORLD:

It has been some time since I reported the case of enlarged head, and by request I shall attempt to give you the particulars again, if you will kindly give me space in your excellent journal. I have kept run of the case as closely as time and circumstances would permit, and now report the facts as shown by each visit.

Since last November, when I first reported the case, I have visited the child every month, and have taken the history as accurately as possible, which I present as follows: December 1st, I found the child in a healthy condition; head measuring, occipito-frontal circumference, twenty-six inches, the vertical, from auditory meatus to meatus, sixteen and three-quarter inches; uniformity of the hemispheres nearly equal; seems to be improving intellectually and physically; playful; able to stand by holding to objects. January 1st, condition the same, and measurements slig tly increased, due probably to the growth of hair; begins to repeat words; can walk by leading. February 1st, measurements same; continues to grow symmetrically; extremities becoming stronger; improvement more marked than at any previous time during the history. March 1st, measurement a little increased, but I attribute it to the hair, which seems to have grown more rapidly during the last month; all other conditions the same as last month, viz.: in a general state of improvement. April 1st, measurements same, and other condition same as at the last visit. The public opinion is now beginning to change as regards the prognosis. The case was generally looked upon as hopeless until recently, but since it has been so long in progress and no untoward symptoms, it naturally gives encouragement for favorable prognosis, especially among the relatives and friends. I cannot concur with the public opinion, however, but believe that with proper care and treatment the child may survive, and may perhaps out-grow the enlargement with nature's assistance.

I would like to have the opinion of the brethren upon this case, especially if any have had a similar one in their practice.

I will keep up with the case and report any developments that may occur in the future.

J. F. GARDNER, M. D.,

Bloomery, W. Va.

[The first report of the above case appeared in December number, 1885, page 401. We are forced to say to new subscribers that we are unable to supply this number. We reserved a large number, but as usual, they were all gone before the demand was supplied.—ED.

A New Word.

Editor MEDICAL WORLD:

I see there is a new medical word proposed—"gynephobia," meaning abhorrance of the fairer sex. Now let us have the rational precursor, "gynemania;" for who does not know that that there are ninety-nine *lovers* of the fair sex for every *one* of the "gynephobists."

Vivat Medici Mundi.

W. B. STEERE, M. D.

Pierre, D. T.

A Suggestive Case.

Editor MEDICAL WORLD:

I desire to place upon record what is to me a rare case. I was called to Mrs. H., whom I found suffering with tuberculosis of the left lung in advanced stage. I need not describe it. But I found a very tender and painful swelling situated at the lower front portion of the left lung. I ordered it to be poulticed, and prescribed such medicines as I thought were indicated. In about a week, I made a free open-

ing in the tumor and it discharged nearly a pint of healthy pus. The pain, cough and difficulty of breathing now were greatly relieved. Over six months have elapsed and the discharge still continues at intervals, but there is not much cough and no expectoration of pus. The lung is nearly all gone, but the patient has recruited wonderfully. She is able to do her ordinary house work and sings right well.

The main remedies used were the syrup of the hypophosphites of quinia, iron and strychnia, prepared by our Lancaster Pharmaceutical Association, with whiskey, and opiates to secure rest and sleep. I have great faith in whiskey and cod liver oil in these cases, but here the oil could not be borne.

Strasburg, Pa. S. KENEAGY.

[This abscess might have communicated with a tuberculous abscess of the lung, and the lung been thus relieved of pus. It has been predicted that the future treatment of lung cavities is by external opening. In this connection the above case is suggestive.—ED.]

Will the Cervix Tear Again?

Editor MEDICAL WORLD:

I wish to apply to your Journal for light on a question to which I have not found a satisfactory answer as yet. I find an article by Dr. Frank Brunner in January number, '85, of THE MEDICAL WORLD, which has some bearing on the subject, but does not answer my question. Briefly as possible I will state the case:

Laceration of the cervix uteri occurred during the first confinement of Mrs. ——, in 1872. A retained placenta from morbid adhesions occurred at the same time, a part of which, I am told, did not come away until three months later.

During the next ten years two children were born, but in each case labor terminated in less than an hour from its commencement. Her health by this time was very much impaired, a full account of which would make a lengthy article. Some of the best physicians in Milwaukee and Chicago said that epilepsy or paralysis, or both, would certainly take place from the condition she was in, if something was not done for her soon.

The case was placed in the hands of a prominent gynæcologist, who advised an immediate operation for the closure of lacerated cervix. This was performed in January, '84, with the most satisfactory results—health regained and patient much improved in every respect. Now comes what to me is the most interesting part of the case. The patient presents herself with past history and being three months advanced in pregnancy, the question in my mind is, what will take place when labor comes on? Will there be another laceration, or simply a slow, tedious first stage of labor, resulting from the reduced size of the cervix, in consequence of operation performed two years and eight months previous to date of expected confinement? I should say that the patient has recently been examined by the physician who performed the operation, and he tells her that union was perfect, the laceration wholly closed and *apparently* as strong as ever. Let us hear from you, Mr. Editor, on the subject. Some of your many readers may have had similar cases, and reports from them will be very acceptable. I may sometime in the future have occasion to report this case again, and tell you what *did* take place

E. A. BASS, M. D.

Burnett, Wisconsin.

[The operation, if completely successful, should restore the os to about the primiparous condition. The likelihood of laceration after such an operation is about the same as during first labor; in many cases, however, the likelihood is increased. Undue uneasiness need not be felt regarding this case. The first stage of labor should be encouraged to progress slowly, so that the os may have time to dilate completely. Also the bag of waters should remain intact until the os is well dilated. The bag acts as a wedge to expand the os by degrees. —Ed.]

Treatment of the Opium Habit.

Editor MEDICAL WORLD:

In the course of a very long practice, I have treated many cases of the opium habit according to different plans, but unsuccessfully at first by limiting the treatment to too short a time, not appreciating the fact that chronic diseases require chronic remedies to cure them. Finally, a case fell into my hands which I was compelled to treat through a long course on account of the lady's physical condition, she being worn out by the long continued use of the drug, and unable to withstand any sensible revulsion. The habit had been indulged in for eighteen years, and the amount of morphine taken in twenty-four hours when the treatment began was a drachm a week, or eight grains a day. The following is the plan by which she was cured in four months, and a number of patients afterwards by the same:

Taking the whole amount of morphine she had used in the last seven days, I dissolved it in a three ounce vial containing twenty-one teaspoonfuls of water (making three doses a day for seven days), adding five drops of tr. nux

vomica and one-fourth grain of quinine to each teaspoonful, and enough spirits of lavender to color the solution. The maximum quantity of morphine was employed for the first seven days to establish the patient's confidence that the process of treatment was not adverse to her craving. Then for twenty weeks I went on lessening the amount of morphine every seven days by one-twentieth, and at the same time increasing the tincture by one drop and the quinine a one-fourth grain at each change, until the morphine was left entirely out. In the meantime, however, I ceased to augment the quinine after the ninth week, but added ten drops of elixir of vitriol to each dose taken afterwards. The diminution of morphine was so minute and gradual, and the taste being the same, the patient was unable to detect any change whatever during the four months treatment. For a week or two after the morphine had been left out I continued the same solution, which was clamored for whenever I proposed to dispense with its use; and when I became satisfied that the habit was then *all in the mind*, I announced that she had not taken a particle of morphine for two weeks. She was dazed, covering her face with her hands and remaining silent for some time. She wanted no more morphine; her health had become very much improved, and her gratitude seemed unbounded. Any physician may succeed by this plan, I think, if he will prevent the patient resorting to *stimulants*; at least I have never failed when stimulants are strictly avoided.

Madison, N. C. R. H. DALTON, M. D.

Spina Bifida.

Editor MEDICAL WORLD:

I was called upon at three o'clock A. M. on the morning of April 9, 1886, to attend Mrs. A., in labor. I arrived at the house in about three-quarters of an hour to find the child born and left in the bed by the nurse. I proceeded to attend to severing cord. Upon removing child I found a tumor on lower portion of lumbar region (spina bifida). Tumor ruptured; it was originally about the size of a very large orange. I simply pressed the tissues together as well as I could and placed a thin compress over and then put the band on over the compress. I saw the patients next day; mother was doing well, child was hearty and nursed readily, but development below tumor was very imperfect—both feet turned in. Could detect no abnormal nervous conditions except those probably caused by the lack of development in lower extremities. There seemed to be a continuous discharge of a serous fluid from the sack of the tumor. What is the best dressing for a tumor of that kind in that condition? I like THE WORLD, and so send for renewal before I am warned by the "writing on the wall."

D. F. BURTON.

Lehigh, Iowa.

Cause of Death of Child in Utero.

Editor MEDICAL WORLD:

In your March number, under the heading, "Death of Child in Utero," you asked some questions. Perhaps it would be interesting to the readers of THE WORLD for me to answer these questions by giving something of the family history. Mrs. F. had four sisters and three brothers. Two of the sisters died young with some form of bowel trouble. The other two grew up and were married. The oldest miscarried as many as six times, never getting beyond the sixth month, and at the end of eight years of married life died of consumption at the age of thirty-three. The other sister had one child, healthy every way. She was well and strong as the average of women previous to and during gestation up to the sixth month, when she began to have a cough, and her general health began to fail. She died of consumption when the child was three months old. Mrs. F's health never seemed to suffer during gestation; both mother and child in last pregnancy got along well until the eighth month, then came the result as recorded in the March number.

The waters did not break prematurely.

I know of no way to have saved the child except as you suggested—inducing labor at once.

I do not recognize syphilis as a cause.

Suppose tuberculosis be the cause in the case under consideration, in what way did it operate to bring about the death of the child?

Alton, Maine. A. H. T.

[Tuberculosis is a depressing agent, and by "abstracting vitality," if we may so express it, may cause the death of a child in utero. Other causes which reduce the vitality may produce the same result: as syphilis, privations, famine, etc. This result is by no means universal however, but it is very frequent.—ED.]

Is Your Thermometer Correct?

Editor MEDICAL WORLD:

I frequently notice accounts of cases of fever in which the temperature is exalted far beyond anything which has ever come under my notice, and recently I was astonished to note in a medical journal the description of a treatment which reduced the temperature from 10 degrees to 15 degrees Fahrenheit. I consider this wonderful, viewing it from my standpoint. I have been in

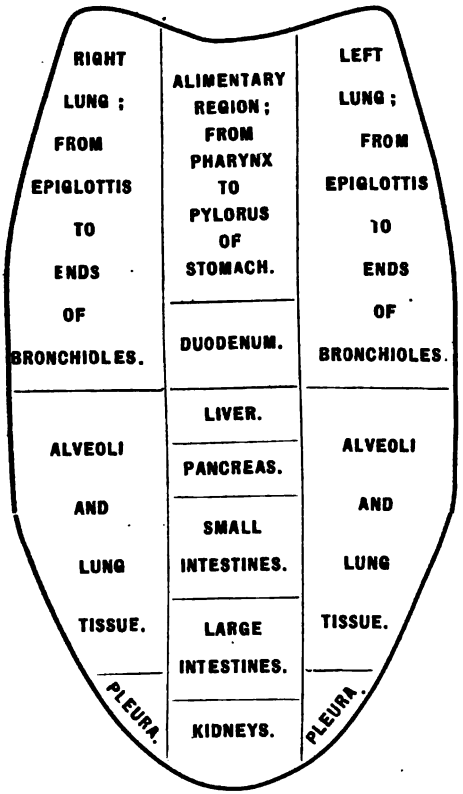
active practice nearly sixteen years, and have, as my books show, prescribed for as many as eighty patients daily for months at a time. To say that many of my patients have not been so very sick as to die would be a misstatement. I have constantly used a tested thermometer and have never witnessed a temperature higher than 106½ degrees, and only twice as high as this. Is there not somethlng wrong with the thermometers of those who so frequently have such exalted temperatures to report?

CARMEL, IND. J. T. MCSHANE, M. D.

Map of the Tongue.

Editor MEDICAL WORLD:

Allow me to submit to your readers a plan which I originated two years ago from careful and extended observations, and which I have used with success in some of the most complicated forms of disease.



MAP OF THE TONGUE.

The above map of the tongue, with its localized seats of relationship to the various organs of the body, places before the observer at a glance the derangement, if any, which affects any of those organs.

In order to apply the above map it is necessary to assume the two following laws in connection with it, in addition to the fact at starting, that the tongue in health is of a delicate whitish pink color, and smooth in appearance.

1. If in any region or regions of the tongue a furred condition exists of a dull white or brownish white color, there is present in those organs so marked a congestive or acid state. 2. But if any abnormal pinkness, redness, reddish brown or glazed red color exists, there is present an Alkaline or inflammatory state of those organs.

In the first case, or Acid state, indicated by degrees of *whiteness*, I prescribe as the basis of treatment *alkalis*, and in addition, the necessary drugs to subdue the constitutional symptoms.

In the second case, or Alkaline state, which is inflammatory, indicated by degrees of redness, I prescribe Acids in addition to the necessary drugs for constitutional symptoms.

By this method I am made acquainted with the progress of the malady, either for better or worse, and can so regulate my treatment by it.

When I find the normal color of the tongue returning, I reduce the quantity of either the Alkali or Acid till health is indicated, and I then follow with a tonic or stimulant treatment, or both combined, as may be required.

This outline is but an introduction to a more elaborate system which I have developed and use in my practice; but so far, it will be useful if it merely stimulates the younger members of the profession to exercise their observations in this direction, and lead them to construct for themselves a complete and reliable method of diagnosis by means of the tongue.

C. C. BENTON, M. D.
14 Pearl Street, Baltimore, Md.

Treatment for Delirium Tremens.

Editor MEDICAL WORLD:

Having treated many cases of delirium tremens, and being satisfied with my treatment, I will submit it to your many readers. The indications are to induce rest and procure sleep; for this I regard chloral hydrate as the star of our hope. It may be given promptly in doses ranging from grs. xv to xxx, repeated at intervals of thirty to forty minutes. Accompany every second dose by grs. xv or xx of potassium bromide. Small quantities of alcohol in the accustomed form must be allowed with this treatment. I never have failed to procure sleep in from one-half to one and one-half hours.

In the very chronic form sometimes met

with, lasting for weeks, where the hallucination of vision is only slight and insomnia incomplete, I would give the potassium iodide instead of potassium bromide, giving it steadily, about xxx grs. per diem, with the chloral hydrate in the evening. The real cure and prevention of recurrence consists, of course, in discontinuing the habitual use of alcohol; and I think a physician is justifiable in painting death in its most hideous form as an incentive to reformation.

Rolfe, Pa. W. H. TASSELL, M. D.

[It is well to bear in mind the danger of chloral hydrate in the condition of weak heart, which generally obtains in alcoholism. The bromides are also heart depressors as well as nerve quieters. Digitalis is an agent well to keep in mind in this condition.—ED.]

Treatment of Rheumatism.

Editor MEDICAL WORLD:

"Where there is much desire to learn there will of necessity be much arguing, much writing, many opinions; for opinions in good men are but knowledge in the making."—Milton.

It would take more space than we are allowed here to enter much into detail on the treatment of this disease. Physicians do not always agree, and it is well they do not, perhaps; and in the treatment of rheumatism there is more variety of opinion than we often meet in other maladies. In acute articular rheumatism exclude the air from the affected part by some suitable covering; I use cotton batting. Not much benefit can be expected from our liniments. If I use any I prefer:

℞ Olei origani .....
Tr. opii ..... āā ℥ j
Tr. capsici ..... ℥ ss
Aquæ ammoniæ ..... ℥ j
Alcholis ..... ℥ ss
M.—Et fiat linimentum.

I have known simple alcohol and water applied tolerably warm, to answer all purposes.

Internally salicylic acid sometimes gives excellent results; the following is a good form:

℞ Acidi salicylici .....
Sodæ carb ..... āā ℥ iij
Glycerinæ ..... f ℥ j
Aquæ ..... f ℥ ij
Sig.—A teaspoonful every six hours.

Attention should be paid to febrile disturbance, and proper remedies given to reduce the pulse and lower the temperature. In such cases I give small doses of aconite and an alkaline bath. Opiates should be administered as required. Avoid depletion as much as possible. In urgent cases where there is much swelling and redness I put on a leech or two. Fluid extract of manaca has been praised very highly, but my experience with it has been limited. It is given in ten drop doses. Colchicum, combined with other remedies is of value. Alkaline drinks are useful. Guiacum has been successfully used.

Cases termed chronic rheumatism are many times neuralgic in character; in fact they bear so close a resemblance to that trouble that care is necessary in discerning the true state of affairs.

Perhaps it would be as well if we should not be so active in our treatment of chronic rheumatism. Iodide of potassium and nitrate of potassium are extensively used in the chronic form of this disease.

℞ Potassii nitratis ..... ℥ v
Ammoniæ bromidi ..... ℥ iij
Syr. simp. q. s. ad .....
Misce. ℥ iv
Sig.—A teaspoonful every four hours.

I prefer the following:

℞ Potassii iodidi ..... ℥ iiss
Vini colchici ..... ℥ ij
Tr. guaiaci ..... ℥ ij
Sig.—A teaspoonful three times a day.

Tonics are generally called for in both the acute and chronic state; sulphur baths are also valuable.

Diet should be simple and without meat. Oatmeal gruel, toast, etc. If the patient be in a weakly condition, a little squirrel broth or beef tea would not be out of place.

Greene, R. I. C. L. ORMSBEE, M. D.

Treatment of Asthma.

Editor MEDICAL WORLD:

Noticing in your April number some remedies for asthma, I thought to offer you a prescription which has served me well in several obstinate cases.

℞ Caffeine hydrobromatis ..... gr. ij
Ext. cannabis indicæ ..... gr. ¼
Ext. belladonnæ ..... gr. 1/12
Ext. ergotæ (squills) ..... gr. iij
M. And make in a single pill mass and put into a capsule. Make of these capsules xx.
Sig. One capsule an hour preceding the attack, then one every two hours till relieved.

I sometimes substitute extractum opii gr. 1-16 for the cannabis Indica and sometimes give the cannabis Indica in 1-8 gr. doses. I only use a preparation of cannabis Indica whose strength I have previously tested. In connection with the above I always give vin Mariani, one ounce three times a day. The number of capsules and the time of taking them of course varies in each case depending on the form and time of attacks.

Nantucket, Mass. J. A. K.

Reply to C. S.

Editor MEDICAL WORLD:

I would suggest the following in answer to the inquiry of C. S., of Ontario, in the October number, page 350.

From the description of the case given I would take the following as basal symptoms: "Rather pale, pulse weak, secretions from kidneys clear and light colored." Taking these together with other symptoms given, I would consider mal nutrition or cerebral anemia and arterial tension as playing an important part in the causation of these eccentric if not periodical neuroses.

The treatment that suggests itself, is that which would improve the condition of the blood, and keep up a constant and permanent dilatation of blood vessels.

These conditions may be met by nitro-glycerine, one per cent. solution, given in one minim doses three times a day, increasing the dose one drop every few days until five to ten are taken, or until its special pathological effects are manifested by head symptoms; also at meal time one drachm of elixir phosphate of iron, quinine and strychnia, with an occasional liver pill at bed-time. With this treatment, unless the organism is too strongly impressed with some hereditary abnormality your patient will improve.

Reinbeck, Iowa. P. L. POWERS, M. D.

Treatment of Pneumonia.

Editor MEDICAL WORLD:

I notice several ways of treating pneumonia in your March number, and I will give my plan of treatment, which you may publish if you choose. I consider calomel as a specific in pneumonia, as much so as quinine is in intermitting fever. In the congestive as well as in the hepatized stage I use it. If the case is dangerous, with both lungs hepatized, I give minute doses of calomel and ipecac every hour until the gums are swollen, reddened, or a little sore. Absorption takes place rapidly as soon as the gums are touched. In three or four days the patient is out of danger, and in a week or ten days he is well and able to go about his business. If the pleura is involved and there is much pain in breathing, take blood from the arm, or cup and blister the part.

JNO. P. LITRUSHLY, M. D.

Bethlehem Station, Ky.

Phymosis.

Ed. MEDICAL WORLD:

A few days ago I saw a boy eight years old who has had, perhaps all his life, phymosis, with adhesion of the prepuce to the glans penis. About two years ago, swelling of one hip came on with lameness and some deformity.

The hip is badly diseased, and a large, soft, flunctuating tumor occupies the groin on the same side. This tumor has been there for a year. I do not think it contains pus. He also has Potts' disease at two points, with a sharp angular curvature at each point, the two points being some five inches apart. Besides the two posterior angular curvatures he has a lateral curvature, which however is not great. His general health is perhaps much better than would be expected, but not first-rate. His glans penis is quite tender and pressure of it between the fingers gives rise to severe pain and nervous agitation. Did his phyrnosis act as a cause of his hip and spinal trouble? and what treatment do you advise?

Dry Fork, Ky. S. T. BOTTS, M. D.

[The phymosis doubtless had much to do with the existence of the hip disease, and possibly the spinal trouble also. Operate for the phymosis by all means. This will not cure the hip and spinal troubles in their present state of development, but it will do much toward their relief—rather, not much progress could be made until the phymosis is relieved. Besides, if the phymosis is allowed to continue, the boy will probably grow up into imbecility. —Ed.]

Editor MEDICAL WORLD:

If J. B. R. will use Erick's boracic acid mixture:

℞ Borate of soda.....gr xv
Boracic acid.....gr x
Water.....ʒ j
Mix. Teaspoonful every four hours.

He will have an efficient remedy which will answer his turn, provided, of course, there is no foreign body in the bladder, and prostate gland is normal.

Pa. W. H. S.

Treatment of Scarlatina.

Editor MEDICAL WORLD:

I have used the following treatment for Scarlet fever with the result of a mortality of less than three quarters of one per cent. Hardly ever having either complications or sequelæ if properly carried out. As soon as my diagnosis is positive, I prescribe as follows. Say for a child of four years of age:

℞ Ex. buchu.....fl. gtt. x ij
Tr. aconiti rad.....gtt. vj to viij
more or less, according to fever.
Syr. simp.....ʒ iij gtt
Sig. Teaspoonful every two or three hours.

This is used until the fever partially subsides, say about two days; then, same dose about every four hours, a day or two longer. After this give the buchu alone three or four times daily for twenty-five days, or longer if any kidney symptoms are manifest. If the fever is accompanied by sore throat, a slice of salt fat pork is bound around the neck with a strip of flannel until vesicles or pustules are produced; then dress with some oily substance, usually vaseline and a strip of flannel.

During the first two or three days the fever is usually very high; if so a solution of bicarbonate of soda, about a drachm to a pint of lukewarm water (never cold), is used to sponge as much of the body, arms, face, etc., as can be got at conveniently. This should be done at least every hour or oftener until the fever subsides; if disposed to be delirious, a cloth wet with lukewarm water is applied to the head constantly, if much itching during desquamation, the above solution is used once or twice daily quite warm. The patient must be kept in one room, or as nearly as possible in the same temperature, which should be comfortably warm, for at least thirty days. These are the essentials of my method of treating scarlet fever during the last sixteen years, fourteen of which were in New York city, with a record of over six hundred cases with the loss of only four patients.

ROBERT FARRIES, M. D.
1105 Lexington Ave., New York.

Another Unexpected Babe.

Editor MEDICAL WORLD:

In the March number of the MEDICAL WORLD I found an article by Dr. J. A. De Armond entitled "An Unexpected Babe" in which he said he never read of a similar case. Here is one: Mrs. K—, the mother of two fine looking children, the youngest eleven years old, was taken sick. She complained of pains in her bowels. In two hours she was delivered of a five pound baby. This was in 1883. Yesterday I saw the baby; she is a fine looking girl. The mother menstruated during gestation, and never had any uneasiness of any kind, never complained of anything, was stout and healthy, and was perfectly astonished at being delivered of the babe.

There was not a dud made for the baby, nor was there any woman with her at her delivery. The mother weighs about two hundred ponnds.

Charleston, W. Va. D. MAYER, M. D.

DR. C. SMITH, of Alba, Pa., writes: "THE MEDICAL WORLD has become an absolute necessity in my office."

Treatment of Diphtheria—Quackery.

Editor MEDICAL WORLD:

I see in March Number of THE MEDICAL WORLD a brief of an article written by me (name misspelled,) several years ago, on the hyposulphite of soda in scarlatina. My experience with the remedy has greatly extended since then, with an increase of confidence in the drug; having treated scores of cases, many through epidemics that swept off whole families of children in other hands, with the loss of but a single case; that of a boy thinly clad and poorly housed, who died with nephritis following the fever.

Upon being called to a case I put sick and well upon a solution of hyposulphite soda in syr. simp. and aq. menth. pip., giving about a grain to the year of age, every three hours to four times a day. The first case is always the severest, and as a rule the only severe one, the succeeding cases growing progressively lighter as the remedy has had time to affect the system, 'till the last in a series of four or five is almost disregarded.

If the throat is inflamed, a gargle of pot. chlorate is prescribed, some of it to be swallowed each time. If diphtheritic patches form, acid carbol. ℥ss to ℥i, and tr. ferri. chlor. ℥ii are added to a pint of chlorate solution.

I believe every contagious disease has a parasitic origin; and that every parasite has one or more parasiticides, and that hyposulphite of soda is the antagonist of the scarlatinal parasite; hence hyposulphite of soda is a preventative and curative of scarlatina. I hope the profession will give it a trial.

I believe diphtheria to have a local origin, the system becoming affected secondarily. The bacteria, in greater or less numbers, are floating in the air much of the time. When they meet an inflamed throat they find a suitable habitation, and settle down and go to work. Scarlatina furnishes such a habitation; hence the two diseases are frequently united. Acid carbol. and tr. ferri. chlor. have in my hands proved the best antagonists for the diphtheritic bacteria.

I am glad to hear that the "metric system must go." If the M. D.'s when they buy books would boycott those using it, its departure would be hastened. When we move to France we will use her weights and measures.

In the present acceptation of the word, any M. D. who advertises as such is a quack, no difference how great his qualifications; also any M. D. otherwise in good standing who does not advertise, is not a quack, no difference how ignorant. But there are many ways of advertising which are regular. For instance,

write locals for your paper not forgetting yourself, or report your interesting and rare cases to the editor; or make friends with the local editor, associate with him, so he will know your goings and comings, your operations, etc., and he will report them as a matter of news; or deliver a lecture to the police on what to do in case of accidents; or to the teachers on schoolroom hygiene; or organize with other congenial spirits a third rate medical college. The church is often a convenient hobby upon which to ride into notice. There many other ways that may suggest themselves to an enterprising M. D.

Lancaster, O. G A. HARMAN, M. D.

Septicæmia from Incising Carbuncle too Freely.

Editor MEDICAL WORLD:

The case reported in the March number of your publication under the caption, "A Counterpart to Gen'l Hancock's Case," together with the expressed opinion that the case terminated in blood poisoning, and the inquiry, "how was this produced," demand careful consideration. The facts as stated were a sufficient basis for the opinion which was undoubtedly correct. Availing ourselves of the knowledge we have of the pathology of carbuncle and the septic state of the tissues involved, would it be safe to use a knife or lancet bathed with the fluids as existing in carbuncle upon a healthy subject or normal tissues? In the free incision of carbuncle does not this presumably unsafe proposition obtain? Is it hence doubtful as to the source of the blood poisoning in this case or that of our lamented General?

In this view what warrant have we for inoculating the *general* system through a carbuncle or other gangrenous tissue?

Lincoln, Mass. MOSES W. KIDDER, M. D.

Answers and Thoughts.

Editor MEDICAL WORLD:

Dr. Noxon wants cures for follicular pharyngitis and congestion of the lungs. A useful local application for the former is a strong solution of nitrate of silver (5 to 20 grs to ℥ j of water) applied thoroughly with a flexible probang armed with a large cotton wad soaked in the solution. Touch the whole pharynx with it. After a few days apply pure glycerine in the same way every day for a week, then repeat the silver solution. A gargle of the following:

℞ Potass. chloratis.....℥ ij
Tr. aconit. rad.....℥ j
Glycerinæ.....♏ ss
Aq. rosæ ad.....℥ iij
M. S.—Gargle three times a day.

will cure many cases.

But exposure to cold and wet will reproduce it in some persons. Many such cases require cod liver oil and the iodide of iron. For pulmonary congestion coming on after any depressing disease has partly run its course, there are no specifics. It is generally a dangerous complication and often fatal. It may arise from blood poisoning, or simply be stasis from heart failure and relaxed capilliaries. Good food, quininæ, carbonate of ammonia, stimulants, and pure air are indications in most cases.

For acute cases in robust persons the lancet is the best remedy known.

That nondescript skin disease which troubled Drs. Wesselowski and Weidman has found its way here and resisted all remedies that I could think of for some time. At last in sheer desperation I prescribed:

℞ Ung. hydrarg oxidi ammoniati.....℥ ij
Ung. aq. rosæ.....℥ ij
M. S.—Apply to affected parts night and morning.

A cure was affected before the patient was affected by the mercury.

I hope some of the specialists will give us the name and nature of the parasite, for it is certainly caused by some plant or animal. For tape worm there are three remedies that will always kill the parasite if used properly and fresh, viz: filix mas, kousso and pepo.

Of the making of prescriptions there is no end. But the WORLD has certainly given its readers the cream of them in its index of treatment. The patent medicine men must be mad as March hares at your wholesale exposure of their formulæ. How the magic of a mixture vanishes from the mind when we know the ingredients, and find it to be a mere decoction of our commonest drugs.

THEO. W. MUSGROVE, M. D.

Carleton, St. John, N. B.

The Forceps in Labor.

Editor MEDICAL WORLD:

A correspondent in the April number, 1885, of THE MEDICAL WORLD, page 137, misinterpreted an article of mine in *The Medical Brief* on the above subject. As I said then, so I say now, that I always use them if necessary, but only decry their indiscriminate use under all circumstances. The following case will illustrate my position:

At ten o'clock, P. M., February 16, 1886, I was hurriedly called to see a lady, a primipara, aged twenty, who had been complaining all day with a fearful pain in the head, intense nausea, but seldom vomiting, and no signs of labor, although her time was considered up. She was taken with a severe convulsion at about six o'clock, P. M. The distance to my office

being ten miles, I didn't get to see her until nearly midnight, when I found her in a semi-comatose condition, in which state she had been ever since her first spasm, having had a convulsion about every half hour. After making a searching digital examination I could not find any signs of the fœtus presenting, or even discover the os expanding, or any signs of labor, the child being high up in the abdominal cavity. Here was a dilemma pretty hard to unravel, as the woman was fast sinking, and no chance to afford instrumental or any other kind of relief. However, as nothing else could be done, I concluded to try the effects of anti-spasmodics. I commenced with bromide of potash and veratrum viride in large doses, as she could swallow mechanically, between her convulsions, anything put in her mouth. After trying these remedies thoroughly without any benefit, I next commenced on morphia, with no better success, except a slight extension of the time between the attacks. It was now about six o'clock in the morning, and no indications of labor, the fœtus occupying about the same position it did when I first saw her. Seeing that there was no chance to accomplish anything with the remedies I had been using, I tried a few large doses of quinine, with no better success. I then resorted to large doses of chloral and bromide of potash combined, and still no change in her condition, except that she appeared very restless after I commenced the last preparation, occasionally between the convulsions, lasting a few minutes, as if in the pains of labor. And sure enough, at about eleven o'clock A. M., after making an examination, I discovered that the child was descending into the pelvis, with the head sufficiently low to apply the forceps, which I did at once, with the happiest results, as I had no difficulty in removing the child; also the placenta. The patient made a good recovery without a single convulsion after delivery of the child. She had had fifteen convulsions, was unconscious of anything for nearly twenty-four hours, and didn't know that I had been there at all. The child was nearly *in articulo mortis*, but by using artificial respiration and other means it was restored, and is now doing well. Ergot was not used at all in this case, so her condition cannot be attributed to that.

Slanesville, W. Va. K. TAYLOR, M. D.

Treatment of Rheumatism.

EDITOR MEDICAL WORLD:

I find treatment of acute and chronic rheumatism asked for in your last number, and thinking that perhaps some remarks as to the mode of treatment I follow might be of service to some, I will give it.

In the acute form I invariably commence by giving ten grs. of bi-carb. potas. every hour; sometimes a smaller dose combined with the nitrate; I continue the alkalies for at least two days. If there be much pyrexia I give ten to twenty grs. of Tannin. Sometimes a second dose may be needed. In about three days I substitute the salicylate of soda in twenty grain doses every four hours. This continued for about three or four days will generally control the disease, although a few cases may persist a few days longer. In case the joints remain swollen but painless, I give iodide of potassium. Anodynes of course will be needed. About a week or ten days is all I need to effect a cure, unless the case should be unusually severe and complicated. I should have said that I generally give teaspoonful doses of Rochelle Salts three times a day for the first few days. After pain and swelling have subsided I put the patient upon some tonic for a while, and keep in doors for a time.

In chronic rheumatism I follow no routine of treatment; each case requires its own peculiar treatment. On the whole iodide of potassium has rendered best results. I generally give full doses for ten days, and then substitute tr. of the muriate of iron. I have had good results from fl. ex. colchicum, massage, etc. Anything you try will need to be persevered in, for some little time, and then often the physician will fail in bringing about a cure, though not always the physician's fault.

Westerlo, N. Y. J. B. WASHBURNE.

A Congratulation.

Editor MEDICAL WORLD:

I ask a small space to congratulate you, Dr. Samuel S. Wallian, and all others who are using their time and influence to expose and cast into oblivion these abominable cheats and health destroying agents in the form of patent medicines. I can think of no greater sanitary measure than the annhilation of them all. I have known persons who became addicted to alcohol by using patent bitters, and to opium by long continued use of cough mixtures containing it. Any doctor who cannot prescribe for his own patients, or who indorses any of these patent nostrums, is not fit to be called a brother in the fraternity.

Unionville, Pa. H. J. NEELY, M. D.

DR. W. E. BUXTON, of Zanesville, Ill., writes: "I would almost as soon lose one of my weeklies for the rest of the year as one number of THE MEDICAL WORLD."

Asymmetry of Body.

Editor MEDICAL WORLD:

The following are the measurements of a child born on April 17th, 1884, and therefore two two years of age.

Right foot, at about ½ inch below instep 6½ inches around. Left foot, 5¾ inches around. Right ankle, 6¼ inches around. Left ankle, 5¼ inches around. Right calf of leg, 8¼ inches around. Left calf of leg, 7¼ inches around. Right knee, 8¾ inches around. Left knee, 7¾ inches around. Right thigh, 11½ inches around. Left thigh, 10 inches around. Length, from crest of ilium to foot, right, 17 inches; left, 15½ inches. Right wrist, 5 inches around. Left wrist, 4½ inches around. Right fore-arm, 6¾ inches around. Left fore-arm, 6 inches around. Right arm, 6¼ inches around. Left arm, 5¾ inches around. Length of right arm, 13½ inches. Length of left arm, 12½ inches. Right side of body, 10 inches. Left side of body, 9½ inches. Right side of body from umbilicus to center of spine, 11¼ inches. Left side of body from umbilicus to center of spine, 10¼ inches. From right knee to foot, 12 inches. From left knee to foot, 11 inches. Right thigh, length 8 inches. Left thigh, length 7½ inches.

These measurements were made with a tape-line, and care was taken that the tension be the same at each measurement. The family have been under my care for about six months. At my first visit the condition of this child was noticed and I then decided that at a convenient time I would request an opportunity for measurement. The child is well grown for his age and seems very healthy; has an occasional sickness caused by cold or warm, as children at that age are apt to be; aside from that he seems well. I first thought it was a case of elephantiasis, but there is no apparent induration. The only cause for the enlargement of the limbs seems to be in the adipose tissue, which seems of a normal consistence. The increase in length of the right side over the left is very apparent as the child lies on his back. On the fore-head there seems a thickening of the bone from side to side; but on the top there is no difference in measurement from the sagital suture to the lowest point of each ear. The father of the child said that asymetry was noticeable at time of birth.

Lehigh, Iowa. D. F. BURTON.

Treatment of Typhoid Fever.

Editor MEDICAL WORLD:

I see in the many journals the various treatments of typhoid fever, and am not surprised at the great mortality. In an active practice of twenty years I have never lost a case of typhoid fever, and I treated seventy-two one year. I give quinine in the morning, and when the fever rises I give fl. ext. aconite, two to four drops, spts. nitre, one half to one drachm every two to three hours. At bed time Dover's powder and one to three grains of calomel. As soon as gurgling in right iliac region is observed, I use mush poultices with several tablespoonsfuls of black pepper, finely ground. If late in the case, with red dry tongue, then I give turpentine mixture with one grain of quinine every two hours. I order milk diet, letting my patients drink milk instead of water. If they prefer buttermilk, if sweet, use it. I have never lost a case of pneumonia in the same time, and have only blistered six patients in that time. Such is my treatment and the success which has followed. In pneumonia I give five grains of quinine at six to eight in the morning, and fl. ext. aconite and nitre in the afternoon, with mush poultices to the side. I have never had a delirious fever patient, because I use but little opium or morphia. I would be pleased to answer any questions if desired. W. S. CLINE.

Tom's Brook, Shenandoah Co., Va.

Substitute for Soothing Syrups.

Editor MEDICAL WORLD:

I will give you a formula which is intended as a substitute for the various soothing syrups, etc., which are so popular with our ease-seeking women.

Take of

℞ Peppermint water.....f℥ v.
Tr. goldthread.....f℥ j. ♏ xx.
Tr. Va. snakeroot.....f℥ ij.
Syrup orange peel.....f℥ j. f℥ ij

Mix.—Dose (for a child two years old), one small teaspoonful, repeated if necessary. Where it is specially indicated, gr. ¼ or less of morphia sulphate may be added.

Motley's Depot, Va. A. T. HALEY, M. D.

For Sciatica.

Editor MEDICAL WORLD:

I wish to communicate to Dr. Singleton the following, which have always helped me out:

℞ Quiniæ salicyl.....℥ ss.
Ammon. salicyl.....℥ i.
Extr. cimicifugæ fl.....fl. ℥ ij.
Pulv. acaciæ.....℥ ss.
Aquæ flori. aurant.....ad. ℥ iv.

Mix.—S.—Teaspoonful every hour or two.

℞ Veratrine.....grs. x.
Chloral hydratis.....℥ i.
Tinct. idodi.....℥ i.
Lin. saponis camph.....ad. ℥ i.

Mix.—S.—Paint along the sciatic nerve every three hours.

Carrollton, La. G. C. RACHER.

Cerebro-Spinal Meningitis, or Spotted Fever.

Editor MEDICAL WORLD:

The medical fraternity seem to disagree as to the cause of this disease, and, as a consequence, the treatment varies accordingly. In this disease we have the usual cerebral and spinal symptoms; and added to these there are characteristic "spots" upon the surface of the body and a characteristic eruption (Smith) on the lips. As to the cause of the disease much difference of opinion exists, but the writer thinks the disease nothing more nor less than a *severe* and *aggravated* septicæmia caused by bad air, bad water or bad food. This opinion is contrary to the ones advanced in the books, but it is as correct as any and can stand until a better one is discovered.

As to the treatment, I should think the use of ice would be beneficial both by mouth and by the ice pack to the spine.

Morphia and all opiates are contra indicated always, since these preparations congest the brain. Potassium bromide or potassium iodide is indicated in large doses. The ice-pack is, beyond all doubt, as sure a remedy as one can find. By all means try it.

New York City. L. G. DOANE, M.D.

[High temperature is not always present in this disease. Then would you use ice as above as a routine treatment without regard to temperature? Many excellent practitioners rely chiefly upon opiates in the treatment of this disease; and this treatment is advocated by some of our highest authorities. Has your experience lead you to oppose this treatment? If so, we would be pleased to have an account of it.—ED.]

Treatment of Cases.

Editor MEDICAL WORLD:

I have had some cases here that may be of interest to the profession, will give you treatments of a few. If you think them worthy of the light you may find room for them in your journal, if not, put them in your waste basket.

1. A case of syphilis resulting in abscess. Treatment: Morphine, quinine and iodide of potash poultices; later aspiration; first aspiration twenty ounces of fœted pus withdrawn. Three weeks afterwards a second abscess formed in the region of the sigmoid flexure; fluctuation somewhat indistinct; felt with one finger in the rectum and the other hand on the abdomen. Exploration with hypodermic needle revealed pus; aspiration; 3½ ounces of thick pus withdrawn. Rest in bed; no bad symptoms; complete recovery.

2. Granular eyelids; deposits of sago-grain-looking concretions; three cases granulations dug out with a needle, then washed with a solution of corrosive sublimate, one in 2,000. Rapid and good results.

3. Psoriasis seems to bother many of our country practitioners here. I give Fowler's solution of arsenic internally with chrysophonic acid ointment locally. To the hair, carbolic acid ointment; good results.

4. Eczema. Internally mist. alba* for acute cases; arsenic for chronic, with Hebra's ung. diach. locally. If pus, add carbolic acid. This I find good in most cases. A few require other treatment, for which a little judgment on the part of the practitioner is necessary.

5. A good general prescription for pneumonia in adults:

℞ Liq ammon acet.....3 j.
Pot. citrat.....gr vijss.
Vin ipec.....♏ vij. to x.
Every three hours. Stmulants when called for; also quinine.

St. George, Ontario. J. L. ADDISON, M. D.

Replies.

Editor MEDICAL WORLD:

S. J. Smith, M. D., of Charlotte, N. Y., wants to know how the abdominal bandage must be cut. I always use one broad enough to cover the entire abdomen, but never apply it until I am certain that there is no danger of post partum hemorrhage, or until I can feel the uterus to be hard, and can outline it by percussion.

I think Dr. F. W. Putnam, of Binghamton, N. Y., will find ice an excellent and certain remedy for vomiting. If the Doctor will try frozen lemonade in small pieces, (it can be easily frozen in an ice cream freezer) I think he will feel satisfied it acts excellently.

Some one wants a medical journal established which shall be devoted to the *failures* of doctors. Well! We should think it easy to establish such a journal, but difficult to find a doctor who would acknowledge that he had made a failure. It is not to be expected in this age of cheek.

New York City. L. G. DOANE, M. D.

Treatment for Enlarged Breasts.

Editor MEDICAL WORLD:

In reply to J. D. Usher, M. D., in your issue for April, I would say to strap up the enlarged breast with adhesive plasters; cover the breast all over with strips ½ inch to ¾ inch wide, drawn tightly up towards the shoulder. (In a few days as the gland decreases in size you may have to re-strap it.) This will in a week or two bring it all right if it is not a case of metamorphosed tissue. JAMES MORTON, M. D.

PROVIDENCE, R. I.

Give Your Treatment for Sciatica.

Editor MEDICAL WORLD:

Please allow me space in your valuable journal to ask a favor of the fraternity. I have a patient, male, about sixty years of age, suffering with sciatica. He has been suffering more or less for several years, but for the last year or two the pain is severe all the time. I have given him quinine, iron, iodide of potassium, fluid extract of colchicum and poke root, salicylate of soda, strychnine, the bromides, and some of the valerianates. I have used counter-irritations heroically. All to no purpose as I can see. Now will some of the brethren (who have helped me out of more than one difficulty) tell me something that will benefit my patient? Brethren, please respond as early as possible. Give me your own treatment, *such as you have* cured your own patients with. I also would like to have the formula of "Woolford's Sanitary Lotion."

Martin, Ga. T. H. LYON, M.D.,

A Remarkable Obstetrical Case.

Editor MEDICAL WORLD:

Since the first of January I have been a subscriber to your valuable journal, and am free to confess that I read it with more pleasure and interest than any journal that I have ever taken; in fact, I like it so well that I carry it in my pocket and read at intervals, considering the dose too savory to be "gobbled" all at once. I would rather feast leisurely on the good things. When I remember the price, I fancy that the editor doesn't feast much. But then, as a class, I believe that editors can enjoy greater feasts on less money than any other people.

I wish to report a case and ask for information. About 12 o'clock on the night of March 1st I was called to attend Mrs. R. C. in her first confinement. (She had been married some eight or nine years, but this the first pregnancy. The cause of sterility due probably to the existence of small cervical canal.) I found moderate uterine contraction with closed hard os. Bowels and bladder attended to. Pain continued unchanged for about twenty-four hours, when a slight dilation was noticed; in the next four or five hours the dilation increased slowly until the os appeared to be as large as a silver twenty-five cent piece. About that time the woman, while urinating, being stooped over the vessel, was seized with a pain which ruptured the sac and expelled the left arm of child. I was at once informed of the fact, and upon investigation till found the dilation barely sufficient to passs my finger by the side of the arm. Not more than a tea cup full of water escaped. Of course, version was the only thing to be done. I gave a full dose of tincture of opium, and after waiting until I thought the dilatation sufficient to pass my hand, (which was some three hours) I administered chloroform, full extent, and attempted an introduction of my hand, but found the whole uterine contraction so firm that I was unable to pass my hand high enough to even locate the position of child; not even touching the right hand, head nor feet.

I immediately had Dr. Thos. Moody summoned; later Dr. F. M. Lenoir, then Drs. M. W. & U. C. Moody and Dr. G. U. Smith. Each of us, with the woman relaxed with tartar emetic and thoroughly chloroformed, after repeated trials, failed to locate anything more than the protruding left arm, the uterine contraction being so firm as to forbid the introduction of the hand.

The case resolved itself into one simple question: How to effect delivery? My suggestion was the Cæsarean section, Dr. M. W. Moody finally agreeing with me. Drs. S. and L. suggested dissection, which was finally agreed to, and was accomplished in probably two hours, being a very tedious and laborious operation. The woman died in about 56 hours of (*I think*) septicæmia. I still think that with the Cæsarean operation there would have been a fair chance of recovery for the woman. Can any one else report such a case? or assign the cause of the trouble? or suggest a treatment that might have been successful, at least to the mother? It was the most remarkable of all the obstetrical cases with which I have met, and was so regarded by the other physicians present.

So long as the WORLD retains its present proportions and attractions, consider me a subscriber for life.

B. C. THOMPSON, M. D.

Blossom Prairie, Texas.

Hair Tonic.

Editor MEDICAL WOLRD:

If J. C. Stern, M. D., of Lewisburg, Pa., will dissolve

Quinia sulphate	dr. 1
in good whiskey	pt. 1
Add pure rain water	pt. ½
Tincture cantharides	oz. 1½
Tincture blood root	ox. 1½
Tincture nux vomica	oz. 1

Mix and filter, and apply gently to the scalp once or twice a week, he will find it a tonic for the hair which will prevent it from falling out, produce a new growth, grow fast and look well.

Des Arc, Ark. J. W. BURNEY, M. D.

Veratrum Viride for Vomiting of Pregnancy.

Editor MEDICAL WORLD:

The article of Dr. F. W. Putnam in the April number of the WORLD, on the "Persistant Vomiting of Pregnancy" recalls the trouble and vexations that I had a short time since. I have recently had the care of some three cases of persistent vomiting. In the first that gave me a great deal of trouble and uneasiness I tried a great number of remedies recommended by standard authoritiee as well as others that seemed applicable to the case, only to meet with failure, disappointment, vexation and a sea of uncertainty. After having assured myself that the uterus was in normal position I attributed the persistant vomiting to hyperæmia of the mucous linings of the stomach through sympathy with the gravid uterus and decided to act accordingly. I immediately ordered veratrum viride in five minim doses every hour until relief was obtained and afterwards as often as necessary. I am happy to state that it was followed with the most pleasing results. In the next two cases that came under my notice I followed the same course with the same remedy, with great satisfaction to myself and benefit to my patient. The preparation I used was a saturated tincture of the rhizoma prepared recently. These cases easily yielded to the third or fourth dose, improving with each dose.

I do not offer this remedy as a specific by any means, as I am not a believer in specifics or specific medication. But I do believe it to be a valuable agent to induce hyperæmia of the stomache, whether caused by sympathy with the gravid uterus, liver or kidneys.

Would like to hear from others through the columns of the WORLD on this subject.

Musson, La. A. W. TUFTS.

A Case for Diagnosis.

Editor MEDICAL WORLD:

On February 16th I was called to attend Mrs. B. in labor; primipera, age 20; weight about 140 pounds. She seemed healthy, but nervous. Presentation natural, but placenta adherent to the posterior part of the uterus; probably caused by inflammation, as the patient informed me that some weeks previous she had suffered from pain in the loins and back. Duration of labor about fifteen hours.

Feb. 17th. Patient doing well.

Feb. 18th. Condition same as yesterday.

Feb. 24th., 10 A.M. Was sent for, as the patient had a chill a few hours before, lasting fifteen minutes, found her with a temperature of 104, pulse 120. Gave her aconite and quinine, and one-quarter grain of morphine at night.

25th. Temperature 100, pulse, 98; lochial discharge normal. Treatment same as the day before.

26th, 11 A. M. Had two severe chills during the night. Temperature 104, pulse 125. Gave her an intra-uterine injection and instructed the nurse to repeat them twice a day. Internally, veratrum and gelsemium. Quinine five grains three times a day; milk diet and a moderate amount of brandy.

27th. Same as day before.

28th. Not much improvement. Called in Dr. K., who advised a discontinuance of the injections.

March 1st. Lochial discharge dark color; slight cough developed; no chill since yesterday, but fever only slightly abated. Treatment changed to aconite and Fowler's solution; milk and brandy continued.

2d, 6 P.M. Temperature 105, pulse 130, respiration 45. Had two chills during the day. Neither Dr. K. nor myself could find any sign of an abscess or infiltration. No tympanites nor pain.

3d, 11 A.M. Temperature 104, pulse, 124, respirations 40.

4th, P.M. Temperature 101, pulse 108.

5th, 11 A.M. Patient had two severe chills during the night. Temperature 103½, pulse 118. Irregular respirations, 39. Ammonia and digitalis added to treatment.

6th. Temperature 102, pulse 110 and regular.

7th. About as the day before.

8th. No change; treatment continued.

9th. Fever slightly lowered.

10th. Lochial discharge stopped; weakness and anorexia. From 10th to 15th irregular chills and intermittent pulse and temperature.

16th, 11 A.M. Temperature 104, pulse 124, respiration 42. We decided to administer antipyrin in twenty grain doses, but give it only twice, as after the power of the drug was spent it seemed to leave the patient prostrated, and as she expressed it, a dull pain in bones and flesh.

17th, A.M. Temperature 103, pulse 130 and irregular, respiration 42. Digitalis and stimulants increased.

Nothing worthy of note until March 21st, when temperature went down to 99, but pulse 125 and weak, has vomited five times during the night.

22d, 2 A.M. Patient suddenly grew stupid and unable to swallow. Gave hypodermics of morphia and brandy at short intervals. About 6 A.M. patient rose on her elbow and spoke a few words to her nurse. Pulse 100. Carotids full and bounding. Throughout the whole

course there was present no headache, delirium, tympanites, pain, diarrhœa or fetid discharge. Should like to have some one make a diagnosis and give treatment or report similar cases.

Roxbury, Conn. L. J. PONS, M. D.,

[Why did you not give result of case? Please do so.—Ed.

Reply to Dr. Harris.

Editor MEDICAL WORLD:

Dr. C. C. Harris, of Benton, Mo., asks through your excellent journal for treatment in the case of a fifteen year old girl. I would respectfully suggest that a regular and carefully restricted diet would perhaps alone be all that's necessary to remedy the trouble. If, however, he finds medication required I propose the following:

℞ Zinci sulph.....grs. v.
Ferri sulph.....grs. xvj.
Quinia sulph.....grs. xxxv.
M.—Ft. 20 capsules. Sig.—One three times a day.

The zinc should be gradually increased with each succeediug prescription (each week) until two or three grains are given at a dose. If not in a malarial district the quinia might be omitted. The strict dietary plan, however, is *sine qua non*, without which no medication can avail. Try it, Doctor, and report through the WORLD.

Madison, Ind. W. D. Hutchings, M.D.

Theory of Seminal Emission in Violent Death.

Editor MEDICAL WORLD:

Drs. Hamlin and Bennett are quite enthusiastic over their apparent discovery of the emission of semen as a diagnosis of death by hanging, without giving any satisfactory solution of the fact.

I venture to make a few extracts from Prof. Howe as early as Sept., 1870, explaining why seminal emission takes place in death by hanging. "The spermatic fluid is occasionally found in the urethra of men who have died from natural causes, and violent deaths are frequently attended with seminal discharges, whether the fatal termination result from hanging or other destructive forces.

Emission taking place during the death struggle of hanging is not attended with a voluptuous sensation; and the fluid is not discharged in jets, but escapes quite passively. At the time of the seminal flow the penis is not in a state of erection, though the organ may be partially distended from a reflex action or irritation, depending upon local vascular congestion. In other words, the death struggle may cause temporary engorgement of erectile tissues, without any venereal impression being made upon the nerve centers."

Reinbeck, La. J. L. POWERS, M. D.

Treatment Wanted for Corns and Warts.

Editor MEDICAL WORLD:

A corn or wart seems a small affair to every one but the victim, but I feel sure that a desirable treatment would be much appreciated by a large portion of your readers. I am aware that the manicure and even the itinerant corn doctor, remove these very annoying ills very quickly, almost painlessly and safely. I do not know where any medical writer gives a treatment that is as safe, pleasant or effectual. I have made inquiries upon this subject of many physicians and a few have said plainly that they knew of no desirable treatment, and others have told me formulæ which I had found by experience to be useless if not worse. I had rather, (and I believe nine of every ten physicians are with me in this matter) amputate a limb any day than attempt to remove a corn or wart. Can not you or some of your readers furnish information or treatment, in such detail as shall be practical?

North Dana, Mass. G. M. FOSKETT, M. D.

Will patrons of THE MEDICAL WORLD kindly give me their treatment (and their experience in such cases), in the case of a little six years old boy whose father had tertiary syphilis at time he was begotten? The little sufferer is a very bright lad, and I am deeply interested in the case. His present symptoms (and they have been nearly the same for more than two years) are a hoarse cough, condensation of left lung, pectoriloquy, loss of appetite and emactiation.

B.

Editor MEDICAL WORLD.

I wish to ask what the "Brinkerhoff (painless) System" of treating hemorrhoids is. Also, the formula of "Phenol Sodique."

Lincoln, Neb. SUBSCRIBER.

Editor MEDICAL WORLD:

Can any of your readers tell the cause and suggest a remedy for oily skin? also for tan? Your journal is undoubtedly the best published.

Cambridge City, Ind. C., M. D.

Editor MEDICAL WORLD:

Please accept many thanks for "Official Formulæ of American Hospitals;" also the Chart, "The urine in disease." They are all that is claimed for them. Can't see how I got along without such help so long in my practice. I return to you a copy of THE MEDICAL WORLD, for February. By mistake, I received two. I am more anxious to see THE WORLD than any journal I take, and read it more carefully.

Columbus, Ga. W. W. BRUCE.

KIDDER'S

CRUST

PEPSIN

—(PURE.)—

This concentrated animal ferment, prepared by a new process, possesses superior digestive power, is unalterable, and guaranteed free from sugar of milk, salt, acids, or other adulterants.

One grain will dissolve 1200 to 1500 grains of coagulated egg albumen.

FOR SACCHARATED PEPSIN, U. S. P., 1880.

Powdered Crust Pepsin, 1 part. Powdered Sugar of Milk, 19 parts.

WM. F. KIDDER & CO.,

MANUFACTURING CHEMISTS,

NEW YORK.

DR. LIEBREICH'S LANOLIN;

A NEW BASE FOR OINTMENTS AND SALVES.

U. S. Patent, No. 271,192. Dated. January 23d. 1883.

Beware of a crude woolfat of bad odor and of a dark color sold as Lanolin, and under similar names.

LUTZ & MOVIUS, Sole Agents,

15 Warren St., NEW YORK.

Dr. KNORR'S ANTIPYRINE, The New Febrifuge.

URETHAN, The New Hypnotic.

—SEND FOR CIRCULAR.—

Peculiarities in the Manufacture of

JENSEN'S CRYSTAL PEPSIN,

NATURE OF THE IMITATIONS, ETC.

The champion Pepsin of the world. The only Pepsin found worthy to be imitated. Even the wealthiest manufacturing chemists could not resist the temptation.

One party used glue as an cheapening adulterant for the production of scale Pepsin; another party has now succeeded in flooding the market with their imitations of my scale Pepsin owing to its extreme cheapness. This party now declare (not to the professon), that they use 60 pounds of dry egg albumen peptonized by 200 hog stomachs; a third party wrap their imitations in an exact fac-simile of my circular making full use of all my testimonials. The great injury these imitations cause my preparations can easily be understood.

The protection chiefly relied upon is through the profession's vigilance in discriminating between the genuine and the spurious article. When prescribing my Pepsin most physicians now underline my name, thus Jensen's Crystal Pepsin, and no misconception can excuse substitutions. The great reputation of this Pepsin lies in that it is a Peptone Pepsin, *i. e.*, the texture of the stomachs in which the peptic ferment is lodged is entirely dissolved, thereby obtaining all the Pepsin, when thereto is added my recent improvement in precipitating from this solution all of the earthy and saline matter, leaving only the azoticed constituent containing all of the peptic principle; and, when it finally is further concentrated by drying it upon glass plates until dry and brittle scales are formed, the reason for its high digestive power can easily be understood. Why it surpasses also in keeping qualities all of the former Pepsin is owing to its scaly and brittle texture, it being he only organic medicine in the materia medical produced for the market in scales.

It is also perfectly soluble upon the tongue, pleasant taste and practically inodorous.

Although it commands a higher price than any other Pepsin in the market, it is, nevertheless, the most prescribed. Its purity and solubility, combined with its great soluble power upon albuminoids have inspired physicians with suggestive minds to try it also as a solvent for diphtheritic patches and coagulated blood in the bladder, the success also of these novel treatments, I flatter myself have already become generally known to the profession all over the world. Physicians writing for samples, receive prompt attention.

CARL L. JENSEN,

Home Office, No. 2039 Green Street,

PHILADELPHIA.

Quiz Column.

Questions are solicited for this Column. Communications not accompanied by the proper name and address of the writer (not necessarily for publication), will not be noticed.

How Do You Deliver the Placenta?

Editor MEDICAL WORLD:

For some time I have been making the different modes of delivering the placenta a study and would be much pleased if the many readers of your valuable journal would give me their experience by postal card as to the method they employ, and their reasons and success with their method. It is for publication, so that each one will see the success met with by the profession at large.

A. R. CLAIR.

Senecaville, O.

Editor MEDICAL WORLD:

Please publish formula of Dr. R. A. Armistead's Ague Tonic. It has a large sale here, and I am often asked for an opinion as to its merits. I never give an opinion on an unknown remedy.

Hornersville, Mo. ELI. T. ANDERSON.

Editor MEDICAL WORLD:

Will you please give the formula for "Johnson & Co's Chill and Fever Tonic," manufactured at Monticello, Florida:

Simmon's or Abbot's liver regulator is a good liver medicine. I speak from experience, as it relieved me of hepatic congestion and enlargement after mercury, blistering, etc., had entirely failed. It is composed of pulverized senna leaves two parts, and Virginia snake-root one part; dose, five to ten grains after each meal. If preferred, it may be used in infusion or decoction.

Mercer's Mill, Ga. T. W. TISON.

Editor MEDICAL WORLD:

Will you, or some of your readers give me a good treatment for cystitis, and also for puerperal peritonitis?

J. D. USHER, M.D.,

Bullitt's Bayou, La.

Editor MEDICAL WORLD:

I write this to request that you will publish in your valuable journal the formula for making Wayne's Diuretic Elixir.

Benton, Miss. R. C. MCCANN, M. D.

Editor MEDICAL WORLD:

Please publish formulæ from "Ely's Cream Balm" and oblige an interested reader.

SPENCERVILLE, O. J. R. WELCH, M. D.

FORMULÆ.

For Sore Nipples.

℞ Acidi sulphurosi.....ʒ ss
Jaunici glycerini.....ʒ ss
Aquæ.....ʒ j
Apply after each nursing.

DR. PLAYFAIR.

Administration of Terpene.

℞ Terpene.....ʒ i
Aq. dest.....ʒ ss
Sp. rect.....ʒ ij
Syr. limonis ad.....ʒvj
M. S.—One teaspoonful after each meal, and one at bed-time.

Or, five minims of terebine on sugar three or four times a day, gradually increasing the dose up to twenty minims.

Camphor Water.

℞ Camphoræ.....ʒ j
Sp. rect.....♏ xx
Aq. dest.....ʒ xx
Dissolve the camphor in the spirit and gradually add the water.

This represents one grain of camphor to the ounce.

Ointment for Psoriasis.

℞ Unguentum hydrarg. nit.
External ointment.
Apply at night before going to bed, and wash off in morning.

L. G. DOONIE, M. D.

Perfumed Carbolic Acid.

An exchange gives the following:

Take of

Carbolic acid	1 part
Oil of lemon	3 parts
Alcohol	100 parts

Some modification of this formula may serve when it is desired to incorporate the acid in an ointment.

Inhalant.

The *Formulary* says the following formula makes a better inhalant than any in the market. It is also good as an external application for neuralgia:

Take of

Carbolic actd	5 av. ozs.
Camphor	8 av. ozs.
Oil of eucalyptus	1 fl.-oz.
Oil of sassafras	½ fl.-oz.
Oil of hemlock	½ fl.-oz.
Oil of tar	½ fl.-oz.

Mix them. The camphor readily dissolves.

—*National Druggist*,.

It is a pretty healthy man who can read a patent medicine almanac without suddenly discovering that he is afflicted with about 150 of the 200 diseases described therein.

Proprietary Medicines Not Protected by Patent-Laws.

1. Patents are issued in order to advance knowledge and stimulate invention, by giving to inventors exclusive rights to produce patented articles for a term of years, in consideration of the process or discovery being made the property of the public at the end of that period, the manufacture to be subsequently open to free competition. The patent laws were not devised to lock up knowledge, but to make inventions common property.

2. The so-called patent medicines do not come under the provisions of the patent-laws, inasmuch as there is no provision for divulging the secret of their composition at any time, nor is it contemplated that their manufacture shall be a public right after a definite period.

3. Proprietary medicines are protected in the same way that trade-marks are protected, and to the same extent, and no more.

4. The common or scientific names of drugs cannot be registered as a trade-mark; and if they are so registered, the right to the exclusive use of the name cannot be successfully maintained in law.

5. When the name is proper and is the peculiar title of the proprietary preparation, the laws do not prohibit the freest use of the remedy under other names, or prevent the use of the same formula or the manufacture of the same preparation by other parties, provided that the public is in no way deceived as to the source from which the preparation emanates.—Dr. F. E. STEWART.

Hamburg Drops.

Powdered aloes soc.	℥ jss
American saffron	℥ ss
Tinct. myrrh	℥ xvj

Macerate fourteen days and filter through paper. Dose, one teaspoonful.

Gorman Worm Tea.

Take of

Manna	oz. 1
Fennel seed	oz. ½
Senna	oz. ½
Pink root	oz. ½

Boiling water to make one pint.

Macerate drugs with boiling water for one or two hours and add water to supply loss by evaporation. Dose, a teaspoonful to one-half ounce, according to age.

Poor Man's Plaster.

Take of

Beeswax	oz. 1
Tar	oz. 3
Resin	oz. 3

To be melted together and spread on paper or muslin.

Trousseau's Tonic.

Take of

Corrosive sublimate	gr. ½
Solution chloride arsenic	fl.-oz. 1
Tincture of iron	fl.-dr. 4
Diluted hydrochloric acid	fl.-dr. 4
Simple syrup	fl.-oz. 3
Water	fl.-oz. 6

Mix.—Dose, one dessertspoonful in a wineglassful of water after each meal.

Watt's Anti-Rheumatic Pills.

The following has been given as a formula for these pills:

Take

Powdered aloes	dr. 4
" gamboge	dr. 4
" hellebore	dr. 2
Calomel	dr. ½
Powdered guaiac	dr. ½
Precip. sulphide of antimony	gr. 15
Oil of cloves	fl.-dr. ½
Soap	dr. 1
Spirits of camphor	q s

Make into 5-grain pills.

—*National Druggist.*

Laxative Sugar.

Take of

Rochelle salts	10 parts
Sugar of milk	30 "
Oil of lemon sufficient to flavor.	

Mix.—Dose, one or two teaspoonfuls, with milk or coffee, at breakfast.

—*New Idea.*

Osgood's Chologogue, or Celebrated Ague Cure.

Take of

Sulph. quinine	dr. 2
Fl. ext. leptandrin	dr. 2
Saturated tinct. stillingia	oz. 4
Fl. ext. podophyllin	dr. 3
Oil of sassafras	drops 10
Oil of wintergreen	drops 10
New Orleans molasses sufficient to make	8 ounces.

Mix.—Dose, one to two teaspoonfuls.

Golden Eye Water.

Take of

Sulphate of hydrastis	gr. 2
Distilled water	oz. 1

Make solution.

This is an excellent wash for inflamed and granulated lids.

Fahnestock's Vermifuge.

This is said to be similar to the patent preparation.

Take of

Castor oil	parts 48
Oil wormseed	" 48
Oil anise	" 24
Oil turpentine	" 1
Tinct. myrrh	" 3

Mix.

—*National Druggist.*

Hall's Hair Renewer.

Take of

Precipitated sulphur	dr. 1
Acetate of lead	dr. 1
Common salt	dr. 2
Glycerine	fl.-oz. 8
Bay rum	fl.-oz. 2
Jamaica rum	fl.-oz. 4
Water	fl.-oz. 16

Mix.—Shake before using.

Perry's Compound Sarsaparilla Blood Purifier.

Take of

Turkey corn root	lbs. 2
Stillingia root	" 2
Sarsaparilla root	" 2
Yellow dock root	" 2
Sassafras bark	" 1
Simple syrup	gal. 2
Diluted alcohol	pts. 32
Iodidi of potassa	lbs. 2

Water in sufficient quantity.

Percolate roots and bark with diluted alcohol, add syrup, then iodide of potassa. Dissolve in water to make six gallons.

—*Kilner's Modern Pharmacy.*

Hooper's Female Pills.

Take of

Sulphate of iron	oz. 8
Water	fl.-oz. 8

Dissolve, and add

Barbadoes aloes	oz. 40
Canella	oz. 6
Myrrh	oz. 2
Opoponax	oz. ½

This makes a mass. Divide 60 grains of this mass into 18 pills.

According to a recent analysis the iron is in a peroxidized state. Probably the sulphate is partly calcined.

Hamlet's Ague Pills.

Quininæ sulph	℥ ij
Pulv. myrrhæ	
Pulv. capsici	āā ℥ j

M.—Et ft. pil. num lx.

Cosmetic for the Skin.

Known as *Lac Virginis.*

Take of

Tincture of benzoine	10 parts
Rose water	150 "

Mix.—A teaspoonful of this mixture added to an ordinary hand basin of water makes an admirable cosmetic for the skin of the face and hands.

Hunter's Red Drops.

Take of

Corrosive sublimate	gr. 10
Muriatic acid	drops 12

Rub in a glass mortar and gradually add

compound spirits of lavender	oz. 1

Dose, five to twenty drops in wine, or spirits and water.

A powerful alterative in syphilitic diseases.

Bochet's Syrup.

Compound syrup of sarsaparilla with senna, and one per cent. of iodide potassium. For scrofulous affection.

Elixir of Long Life.

(Original Swedish Formula.)

Take of

Aloes	dr. 9
Rhubarb	dr. 1
Gentian	dr. 1
Zedoary	dr. 1
Saffron	dr. 1
Theriaca	dr. 1
Agaric	dr. 1
Proof spirit	pints 2

Kelly's Tonic.

℞ Tinct. nucius vom. ℥ ij
Acidi nitro muriat dil. ℥ iij
Tinct. cinchonæ comp. ℥ jss
Tinct. gentinæ comp. ℥ iij

M. S.—Two drams in water three times a day.

SCHENCK'S MANDRAKE PILLS have had an approximate analysis made of them by Hogan (Berlin), which analysis states that there is no mandrake contained in the pills; that they contain some cayenne pepper, a bitter extract and some vegetable powder, which has a percentage of tannin. We suppose, however, that these pills contain nothing more or less than a cheap vegetable cathartic pill, probably containing aqueous or alcoholic extract of mandrake root, and probably some aloes and colycynth.

—*New Idea.*

Townsend's Pills.

They have been in considerable use among physicians of our acquaintance. The formula is the following:

℞ Massa hydrarg.
Gambogiæ
Ext. aloes
Zingiberis pulv. āā grs. xx
Ol. menth. pip. gtt. iij

Mix.—Fiant. pil. xvj.

American Druggist.

Swaim's Vermifuge.

Take of

Wormseed	oz. 2
Valerian	oz. 1½
Rhubarb	oz. 1½
Pink root	oz. 1½
White agaric	oz. 1½

Boil in sufficient water to yield three quarts of decoction, and add the following oils, dissolved in a quart of rectified spirit:

Oil of tansy	drops 30
Oil of cloves	drops 45

Books, Pamphlets, Etc.

"VACCINATION AND SMALL-POX;" by W. A. Hardaway, M. D. J. H. Chambers & Co., St. Louis. This book gives an excellent account of vaccination, its history, methods of performance, of obtaining and storing lymph, description of varioloid in men and animals, etc.; and after giving all the arguments pro. and con. respecting the utility of vaccination, concluded with the following sensible remarks: "No one would wish to deny that vaccination, as ordinarily administered, has its drawbacks, and even its dangers; but compared with the millions of cases in which favorable results are obtained, and having in view the ends to be attained, the disadvantages are most trifling. Were we to neglect vaccination on this account, it would be about as wise as to refuse to travel by the railroad for fear of possibly running off the track."

"OPERATIVE SURGERY OF THE BRAIN;" by J. B. Roberts, A. M., M. D., Philadelphia; P. Blakiston, Son & Co. This is a most interesting work at the present moment, when cerebral surgery is receiving special attention. It is abreast of the latest points of interest in connection with the principles of this branch of surgery and cerebral localization, and indicates with remarkable precision the cases of cerebral lesion suitable for operative interference. The article on the removal of cerebral tumors will give encouragement to the performance of an operation that may be the means of saving many lives. The plates are excellent; and the tables form a perfect guide for the surgeon interested in operations on the brain.

"GUIDE TO THE EXAMINATION OF URINE, WITH SPECIAL REFERENCE TO THE DISEASES OF THE URINARY APPARATUS," by K. B. Hoffman, and R. Ultzmann; translated by F. Forchheimer, M. D. Woodruff, Cox & Co., Cincinnati. We would earnestly commend this little book to the notice of senior students and practitioners, as being a useful resumé of all that is known respecting the examination of urine by the various methods. It is written in clear, simple language, forms an excellent guide to the diagnosis of urinary diseases, and is supplied with a handy and copious index. The authors are of high repute, and have here produced a work of practical value.

THE Atlantic and Pacific Ship Railway, across the Isthmus of Tehuantepec, in Mexico, considered commercially, politically, and constructively; by Elmer L. Corthell. This is an interesting and able argument for the proposed railway by its chief engineer, and illustrated by seven elegant plates.

THREE Cases of Insanity Treated by Removal of Depressed Bone; by W. B. Fletcher, M. D., Superintendent of the Indiana Hospital for the Insane. Reprint from *The American Journal of Insanity.*

CATARRH of the Upper Air-tract: especially its effects on the ear, with suggestions as to treatment; by Samuel Sexton, M. D. New York, J. H. Vail & Co.

RESUME of Dr. J. Mortimer Granville's Book on Nerve Vibration and Excitation, with notes of clinical experience with the percuteur; by Asa F. Pattee, M. D.

THE Dry Treatment; A New Departure in Uterine Therapeutics; by Geo. J. Engleman, M. D. Reprint from *St. Louis Courier of Medicine.*

TRANSACTIONS of the American Dermatological Association, Ninth Annual Meeting, held at Greenwich, Conn., Aug., 1885.

A New Operation for the Alleviation of Persistent Deafness; by Wm. H. Bates, M. D. Reprint from *The Medical Record.*

WHAT is Medicine? Annual address before the American Academy of Medicine; by Albert L. Gihon, A. M., M. D.

COCAINE in Hay Fever; by Seth H. Bishop, M. D. Reprint from the *Journal of the American Medical Association.*

PROGRESS of Electrolysis in Surgery; by Robert Newman, M. D. Reprint from *Gaillard's Medical Journal.*

DIPHTHERIA And Its Management; by Joseph E. Winters, M. D. Reprint from *The Medical Record.*

TRANSACTIONS of the Medical Society of the State of Pennsylvania, had its Thirty-sixth Annual Session.

THE Epidemic of Malarial Diseases in South-western New England; by Rufus W. Griswold, M. D.

AN Experimental and Clinical Study of Air-Embolism, by N. Senn, M. D., of Milwaukee, Wis.

PUERPERAL Pyrexia; by Geo. P. Andrews, M. D. Reprint from *The American Lancet.*

FRACTURE of the Cocacoid Process; by J. Wellington Byers, M. D., Charlotte, N. C.

REPORT of a Case of Cesarean Operation; by Edward Jenks, M. D.

RECTAL Medication; by D. W. Cathell, M. D.

Please Read.

In our February number we stated that Messrs. Wm. R. Warner & Co., of this city, would send the portrait of Pasteur free to physicians upon application. Recently Root & Tinker, claiming a copyright, enjoined Warner & Co. against distributing the portrait. The latter firm had expended a liberal sum to produce the portrait, (which they presented gratuitously to the profession) and it seems a shameful waste that their plates and the remainder of their stock in hand should not be used. However, they have written to the eminent scientist for a picture which it is hoped will not be claimed by any individual concern. We do not see how any copyright can apply. M. Pasteur was never in this country; and pictures of him sold by Root & Tinker, and presented without charge by Warner & Co., are but copies of originals taken in France.

DR. R. FARRIES, of 1105 Lexington Avenue, New York, writes: "THE WORLD is just the kind of a journal I want. I am a busy man, and have neither the time nor inclination to read long prosy articles."

WE acknowledge receipt of a large and fine lithograph representing fifteen leading Parisian journalists. It is issued by the Travelers' Insurance Company of Hartford, and shows a high degree of enterprise.

J. L. ADDISON, M. D., of St. George, Brant Co., Ontario, Canada, writes as follows: "I like THE MEDICAL WORLD and think that every physician should have it. Its articles are brief, and to the point."

SEND postal to Wm. R. Warner & Co., 1218 Market St., Philadelphia, for formulæ books, pocket visiting records and prescription blanks, and mention this journal.

GRAINLET cures obstinate cases of Constipation, Indigestion and Dyspepsia. Invaluable aid for cure of Nervousness. Free sample to Physicians. Grainlet Co., 119 West St., N. Y.

E. E. BEEMAN, 37 Public Square, Cleveland, O., will send a liberal sample of his pancreatized pepsin, free by mail on application.

"THE WORLD is the *ideal* of the five journals which come to my table." BEN. G. STRONG, M. D. Reading, Mich.

SEE Notice on page XIX.

THE MEDICAL WORLD.

The knowledge that a man can use is the only real knowledge; the only knowledge that has life and growth in it and converts itself into practical power. The rest hangs like dust about the brain, or dries like raindrops off the stones.—FROUDE.

The Medical World.

Subscription to any part of the United States and Canada, ONE DOLLAR per year. To England and the British Colonies FIVE SHILLINGS per year. Postage free.
These rates must be paid *invariably in advance.*

Notice is given on the wrapper when your subscription expires. You are invited to renew promptly, when this notice is given. This is necessary if you wish to continue to receive THE WORLD, as it is sent only as long as paid for.

We cannot always supply back numbers. Should a number fail to reach a subscriber, we will supply another, if notified before the end of the month.

☞ Pay no money to agents for this journal unless publisher's receipt is given.

C. F. TAYLOR, M. D., EDITOR AND PUBLISHER.

LOUIS LEWIS, M. D., M, R. C. S. (ENG.), ASSOCIATE EDITOR.

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PHILADELPHIA, PA.

VOL. IV JUNE, 1886. No. 6.

A Needed Strike.

Now while strikes are in vogue, physicians should strike against waiting for months, and sometimes years, for their hard-earned and well-earned fees. This custom obtains mostly in the country and small towns, and is due chiefly to the neglect of ordinary and proper business methods by the older practitioners. It bears particularly hard against young practitioners who are struggling for a start. All should unite to abolish this custom. The practice of medicine is a *business* as well as a profession, and business methods should be adopted by it. If this is done the community will respect it even more highly, and its prosperity will be vastly increased. Those who devote themselves to suffering humanity must live, and they cannot live on faith and promises. A profession that does as much for charity as the medical profession does should be paid promptly by those who are able to pay. Collect your bills promptly, gentlemen.

Mistakes in Practice.

We all make mistakes occasionally, and every error is the source of useful knowledge. We never forget what we learn in this way. But the benefit is generally confined to one's self, as such things are rarely told, much less published. We have been trying to encourage our readers to give their unfortunate experiences, as well as their successes, in order that all may have the benefit of them. We have just re-received a letter from a very excellent physician who agrees to "start the ball rolling," but requesting that his name and address be kept private, as mischief-makers might take a mean advantage. This is a very reasonable and proper request, and will be granted to any who is willing to give to the profession the lessons taught by mistakes. Now let us see if we can't have many confessions, bearing with them useful and impressive lessons.

THE second edition of "Official Formulæ of American Hospitals" has been delayed by the obtaining of new and valuable matter, and the testing and perfecting of some of the formulæ. It will be ready within a week after this reaches the eyes of our readers. The many orders now awaiting will then be immediately filled.

Now is the time to open the batteries against summer diseases. Let us meet the enemy promptly, and aid one another in the fight. Communications published in THE MEDICAL WORLD are read by the medical profession in every part of the United States and Canada, and in several foreign countries.

SEE adv. of new binder. We have long been endeavoring to get up a substantial, convenient and inexpensive binder for THE WORLD, and we think we have now accomplished it. It can be used for either temporary or permanent binding, and is so simple that a child can use it.

PLEASE say to your medical friends that if they wish to subscribe, we can still supply back numbers to January, 1886, thus making the year complete.

INDEX OF DISEASES.

[In this index the diseases are taken alphabetically, and prescriptions embodying the latest and best treatment for each disease is given. The index will be continued from month to month until the catalogue of diseases is exhausted. Began in March number.—L. L.]

Chorea.

℞ Zinci phosphidi.....gr. $\frac{1}{10}$
In pill, three times a day.

℞ Zinci valerianatis.....ʒ ij
Cinchoniæ sulphat.....ʒ j
M.—Divide into 20 pills. One three times a day.

℞ Zinci bromidi.....ʒ j
Syr. simpl.....ʒ j
M. S.—Ten drops three times a day, gradually increasing the dose.

℞ Strychniæ sulphat.....gr. ij
Aq. dest.....ʒ j
M.—Five to ten drops three times daily.

℞ Ether spray along the course of the spinal column.

℞ Sol. bromini arsenitis (Clemens').....ʒ j
Three drops three times a day.

℞ Liq. arsenicalis (Fowler).....♏ x
Three times a day after meals, for children under 12 years of age.

℞ Anilini sulphat.....gr. ij
In powder, three times a day.

℞ Potass. bromidi.....ʒ j
Liq. arsenicalis.....ʒ ss
Liq. ferri perchloridi.....ʒ j
Aq. dest.....ad ℥ vj
Two tablespoonfuls three times a day.

Cod-liver oil and iodide of potassium in scrofulous cases, and santonin in cases associated with worms.

Chloroform inhalations for temporary relief.

℞ Zinci sulphatis.....gr. ij
In powder, gradually increasing.

For robust children, zinc is preferable; for pallid anæmic children, iron.

Colic.

℞ Hot fomentations or baths, turpentine stupes, hot flannels sprinkled with laudanum, castor oil or turpentine enemata, etc.

℞ Magnes. carb.....ʒ jss
Ammon. carb.....ʒ ss
Tinct. lavand. co.....ʒ ij
Aq. menth. pip.....ad ℥ vj
M. S.—A tablespoonful every two hours until relieved.

℞ Sp. ætheris.....♏ xx
Liq. morph. muriat. P. B.....♏ xij
Aq. menth. pip.....ʒ j
M. S.—For one dose, when required.

℞ Sodæ sulpho-carbolatis.....gr. xx
Tinct. belladonnæ.....
Sp. chloformi.....ää ♏ x
Aq. cinnamomi ad.....ʒ j
M.—S. Thrice daily.

℞ Ol. ricini.....ʒ j
Tinct. opii.....♏ xxv
M.—S. A draught, for lead colic.

℞ Ext. opii.....gr. ss
Ext. belladonnæ.....gr. ¼
Ext. hyosc.....gr. ij
M.—Make one pill, to be repeated in four hours.

℞ Acid carbolici fluidi.....
Sp. chloroformi.....ää ʒ iij
Aq. menth. pip.....ʒ iij
M.—S. One tablespoonful every four hours.

℞ Creæsoti.....♏ j
Micæ panis, q. s. to make one pill.

℞ Half a drachm of chewing tobacco in half a pint of warm water as an enemæ. To be used with caution.

℞ Ol. myristicæ, ♏ iij, on sugar.

℞ Sp. ammon. arom.....ʒ vj
Sp. chloroformi.....ʒ vj
Tinct. belladonnæ.....ʒ j
Aq. camph. ad.....ʒ viij
M.—S. Two tablespoonfuls every three hours.

℞ Hypodermatii injection of morphia into abdomen, when intestinal obstruction is feared.

Constipation.

℞ Ext. belladonnæ.....gr. ¼
Ext. lupuli.....gr. ij.
Ft. pil. S.—One every night for two weeks.

℞ Ext. aloes aquosi.....gr. j
Ext. nucis vom.....gr. ½
Ext. gentian.....gr. iij.
Ft. pil. S.—Before dinner.

℞ Pulv. glycyrrhizæ co. ʒ iss in milk at bedtime.

℞ Ol crotonis.....♏ ij
Micæ panis q. s. to make six pills. One every night.

℞ Pulv. ipecacuanhæ gr. j every morning in pill.

℞ Magnes. sulphat.....ʒij
Magnes. carb.....ʒj
Tr. belladonnæ.....♏ x
Aq. menth. pip.....ad ℥ iss
S.—A morning draught.

℞ Podophyllini.....gr. iij
Calomelanos.....gr. xviii
Ext. hyoscyami.....gr. xxx
Divide into 12 pills. One every second night.

℞ Ol. Ricini, glycerini, ää ʒ ss, M.—Said to be more effectual than larger doses.

℞ Pulv. jalapæ co, ʒj, as a hydragogue cathartic, with half a grain of elaterium and a grain or two of gamboge.

℞ Ext. aloes, gr. j in pill at bedtime.

℞ Magnes. sulphat.....ʒ ij
Acid sulph. arom.....ʒ iss
Tinct. hyos.....ʒ vj
Inf. quassiæ ad.....ʒ viij
M.—S.—A sixth part hree times a day.

℞ Acid nit dil.....ʒ iss
Sp. ætheris nit.....ʒ ij
Succi taraxaw.....ʒ iss
Tinct. sennæ.....ʒ iv
Inf. gent. co.....ad ʒ viij
M.—S.—One-sixth part thrice daily.

℞ Ext. nucis vomicæ.....
Ext. belladonnæ.....āā gr. iij
Mix and divide into 12 pills.
S.—One every night.

℞ Hydrarg. cum creta.....
Pil. rhei co.....
Ext. hyosc.....āā ℈ j
Mix and divide into 12 pills.
S.—One every night at bed-time.

R Zinci sulphatis.....gr. xxiv
Ext. nucis vomicæ.....gr. ij
Ext. anthemidis.....ʒ ss
M.—Divide into 12 pills.
S.—One after each meal; these pills should be preceded by an active calomel purge.

℞ Friederichshall, Carlsbad, Hunyadi Janos and other laxative mineral waters.

℞ Ext. aloes socatrin aq.....gr. ij
Ext. nucis vomicæ.....gr. ss
Pulv. ipecac.....gr. ss
M.—et ft. pil.—To be taken at dinner,

℞ Muscarinæ.....gr. iv
Ext. belladonnæ.....
Ext. nucis vomicæ.....āā gr. iij
Euonymia.....ʒ ss
M.—Divide into 12 pills; one night and morning.

℞ Resinæ podophyllin.....gr. viij
Sp. rect.....ʒ j
M.—S.—10 drops on sugar, three times a day.

℞ Ext. physostigmatis.....
Ext. belladonnæ.....
Ext. nucis vomicæ.....āā gr v
M.—Divide into 12 pills.
S.—One every night.

℞ Tinct. aloes et myrrhæ.....ʒ vj
Tinct. nucis vomicæ.....ʒ ij
M.—S.—20 drops three times daily.

℞ Fel bovini pur.....ʒ ij
Ol carui.....♏ x
Magnes. carb. q. s. to make thirty-six pills.
S.—Two night and morning.

℞ Tincture of belladonna, 10 drops in water, three times a day.

The Current Medical Thought.

Justice at Last.

A judge in Big Rapids, Mich., recently decided that a physician's knowledge is his stock in trade, his capital, and the courts have no more right to take it without extra compensation than we have to take provisions from a grocery without pay, to feed a jury. He did not compel the expert to testify.

We would like to see this decision adopted by courts everywhere. Justice to the physician comes slowly, and in many states it does not come at all. In most States a physician is liable to be summoned to court at any time to give medical testimony, and receive only ordinary witness fees for the same (generally about $1.25 per day), while at the same time he may lose twenty times that amount from practice. This is not just. He should be compensated according to the value of his services. The judge on the bench and the counsel at the bar are so compensated; the physician should also be properly compensated for the use of his capital (his knowledge) and the value of his time.

Pasteur's Success.

Out of 688 persons bitten by mad dogs, and treated by Pasteur, all are well to-day excepting one little boy, named Pelletier, who succumbed before the necessary number of inoculations had been completed. Moreover, half of these 688 people have successfully passed the period of time during which the disease declares itself, so that they may be considered practically free from all danger. Of thirty-eight persons bitten by mad wolves, three have died, the rest have done well up to the present date, but sufficient time has hardly yet elapsed to consider them entirely free from danger. The bite of a mad wolf is much more fatal than that of a mad dog, though the virus is of the same character and intensity. The wound, however, that is caused by a wolf's bite is of a different nature to that caused by a dog's bite; it is deeper and is nearly always inflicted on the face, whereas a dog usually attacks the limbs; the wolf's bites are also more numerous and the virus is more rapidly absorbed, so that the period of incubation is proportionally more brief.

Bile and Urea.

Perchloride of mercury, colchicum, and euonymin increase the production and excretion of urea and uric acid. Salicylate of soda and benzoate of soda also increase the excretion and production of urea, but diminish the amount

of uric acid. Thus these agents which increase the flow of bile from the liver, also increase the production of urea, showing that the formation of urea in the liver bears a direct relationship to the secretion of bile by that organ.

Sea-Sickness.

Here is another theory for sea-sickness: It has been noticed that deaf mutes are rarely affected with sea-sickness. The semi-circular canals of the internal ear are probably absent or negative in function in these people. These canals are not organs of hearing, but of equilibration; and when disturbed give rise to vertigo and nausea. Dr. William Jones, of Cambridge, Mass., claims that a counter-irritant applied to the skin behind the ear will relieve sea-sickness. The counter irritant may be a blister, or simply rubbing the part until the skin is slightly excoriated.

Scarlatina Communicated by Clothing.

Another case showing the communicability of contagious diseases by clothing is reported from Bath, Maine, where a girl had scarlet fever at a boarding school. After recovery she returned home, and a trunk containing the clothing she wore while sick was put away in the garret. Six months later two little children were playing in the garret and, opening the trunk, took out some of the clothing. In a week both were taken very ill with the disease, and one died. There were no other persons ill with scarlet fever in the community.

This danger is particularly great in scarlatina, and as the virus resides principally in the scales that peel off from every part of the body during convalescence, the danger is even greater from the clothing worn during convalescence than from that worn during the height of the disease.

Postmortem Appearances after Hydrophobia.

At an autopsy held on the 3d of April on the body of a Russian who had died of hydrophobia, the following conditions were noted: The wound caused by the bite was situated in the right submaxillary region. The neighboring glands were much enlarged and congested, especially the parotid and submaxillary glands. The cranial bones were all congested, the vessels of the diploe being choked with blood. The pericranium was in a similar condition, with many points of ecchymosis between the periosteum and the tissues. Blood was effused between the pia and dura matter, and in the arachnoid cavity. The surface of the brain was congested, but no symptoms of meningitis were observable. The left lung was congested with adhesions between the lobes; and the lung-tissue was intensely red and infiltrated. The right lung was equally congested but not adherent. The heart was unaffected, as also the liver. The kidneys were enlarged and congested. The stomach was empty, and had ecchymosed patches on its lining membrane. The right tonsil was greatly enlarged and had the appearance of a pulpy spongy mass. The left tonsil contained pus.

Sulphurous Acid Gas in Cholera.

Dr. Jackson Piper, of Touson, Maryland, proposes local disinfection of the intestinal tract, per rectum, as a prophylactic of cholera, and in the early treatment of the disease. He recommends sulphurous acid gas as the agent, which is easily obtained by burning sulphur and conveying its fumes through a suitable apparatus. The bacillus of cholera has been demonstrated to have its habitat chiefly in the epithelium of the mucous membrane of the small intestine, where it acts as a local irritant, and eventually kills by its virulence, producing putrefactive changes. Sulphurous acid gas destroys the comma bacillus, but is not poisonous.

Premenstrual Crises.

With many females, the few hours preceding the periodical appearance of the menses are spent in almost intolerable suffering, sometimes amounting to veritable crises, during which the unhappy patient rolls in agony similar to the passage of a gall stone. These pains originate from various causes: stricture of the internal os, deep congestion of the mucous membrane leading to obliteration of the cervical canal, neuralgia of the ovarian plexuses of nerves, etc. The condition yields to an injection composed of half a drachm of chloral hydrate and half a drachm of bromide of potassium in a quart of warm water, one-fourth part to be used at a time. Usually two injections suffice.

Massage in Sciatica.

Dr. Berne states, in the *Journal de Médicine de Paris*, that every therapeutic means failed to improve a case of sciatica of the left lower limb. The patient was 53 years of age, neither gouty nor rheumatic, but had suffered from piles since the age of 18. After the fifteenth massage the patient could walk. After the fiftieth, he was able to resume his usual avocations, and could take long walks.

Cocaine as a Urethral Anæsthetic.

The passage of bougies and catheters is greatly facilitated by smearing them with a 4 per cent. solution of muriate of cocaine in almond oil.

Unfortunate Southern Europe.

An epidemic of cholera is ravaging various cities in Italy, Venice, Padua, Milan, and the villages in the vicinity of Rome; Marseilles, in France, has a severe visitation of small-pox in a very virulent form—806 deaths in two months; Germany is overrun with measles (Rötheln).

For Warts and Corns.

For warts, corns and other indurations of the cuticle, nothing acts more satisfactorily than a mixture of equal parts of tincture of iodine and glacial acetic acid, applied in repeated layers with a brush, night and morning.

A Useful Antiseptic.

Twenty-five parts of borax, ten parts of salicylic acid, fifty-nine parts of glycerine, and twenty-five parts of distilled water, mixed in a porcelain vessel and heated to boiling point (with frequent agitation) forms a useful concentrated antiseptic solution, colorless, odorless, of a syrupy consistence, and mixable with water in all proportions. An admirable stock antiseptic.

Calcined Alum in Fevers.

Calcined alum has been recently recommended in the treatment of all forms of intermittent fever, simple, continued, hectic, typical, with intestinal complications, etc. Fifteen grains represent a single typical dose, carried to eighty or ninety grains in the twenty-four hours. The success of this new treatment is reported to have been phenomenal in the Dutch West Indies.

Poisonous Properties of Urine.

The injection of a small quantity of normal human urine into the veins of a rabbit, performed by a French experimenter, has produced the following train of effects, demonstrating the toxic power of urine: contraction of the pupil, increasing until it reached a pin's point; hurried respiration with diminished respiratory power; irregular muscular movements; somnolence; diuresis and increased secretion; and elevation of the temperature, gradually increasing until death ensued.

Absorptive Quality of Lanolin.

A Berlin pharmacist has demonstrated the presence of iodine in the urine, within thirty minutes after the inunction of an iodized ointment of lanolin. On the other hand the same experiment performed with iodine in vaseline or lard produces a negative result. Lanolin is an excellent basis for making a mercurial ointment; it mixes well in equal parts.

Articles of Food Forbidden in Diabetes.

Bread, cake, pastry of all kinds, and food prepared with flour, cracked wheat, oatmeal, rice.

Potatoes, turnips, beets, beans, corn, carrots.

Prunes, grapes, figs, bananas, pears, apples, preserved fruits.

Liquors of all kinds, whether distilled or fermented.

ARTICLES OF FOOD PERMITTED.

Soups, except those rich in vegetables, meat of all kinds, fish, eggs, oysters.

Radishes, cucumbers, cresses, celery, lettuce, spinach, cauliflower, cabbage, tomatoes, oyster-plant, onions, string beans, parsley, mushrooms, salads, pickles, olives, oil.

Lemons, gooseberries, currants, sparingly of raspberries, strawberries, oranges.

Milk, tea and coffee without sugar, but with glycerine in its place if desired.

More or less variation can be allowed from this in mild cases, and in severe cases more rigor may be required, although it is difficult to hold a patient to a diet more rigid than the above.

Salt Baths in Fevers.

Salt-water baths lower the temperature (both the rectal and axilliary) in febrile patients somewhat more energetically than fresh-water baths, the average surplus being about 0.4° C.

The difference remains marked for about three hours after the bath. The fall of temperature after evening baths (both of common and salt water) is more considerable than after morning baths.

Salt baths retard the pulse slightly more (from two to six beats a minute) than common ones. After salt baths, the pulse is tenser and fuller than after fresh-water ones.

Respiration is, similarly, more retarded by salt baths than by common ones, the retardation continuing for three hours. At the same time, after salt baths both inspiration and expiration become deeper and more prolonged than after common baths.

Salt baths increase muscular strength (as measured by Colin's dynamometer) somewhat more than common ones, the average difference being about 1.1 kilogramme. They act more refreshingly on the patient than fresh-water baths; and the patient feels more cheerful and more comfortable.

DR. FRANK BOSWORTH says that he has had great success with a two per cent. solution of muriate of cocaine in hay fever. He thinks that catarrh can be caused by dry air.

Beneficial Effects of Sanitation.

The death rate of London has been reduced from 42 to 21 per 1000, within the last 200 years. This speaks volumes to the credit of practical sanitary improvements.

Opium in Puerperal Fever.

"I cannot tell you how much faith I have in the power of opium, given early, to check the occurrence of inflammation of the female pelvis. In puerperal women, after doing well for two, three or four days after labor, they may wake up some morning with severe pain in the abdomen, and the temperature up to 103° or 104°. This means a commencing inflammation of the broad ligament, and it can be nearly always checked in its incipiency by a suppository of opium, so that if a puerperal woman has an intelligent nurse, I am in the habit of leaving some opium suppositories, to be used if these conditions develop. If you can give a hypodermic it will check it even more rapidly."

PROF. GOODELL.

Caution in the Picric Acid Test.

The picric acid test for albumen in the urine is not to be too implicitly relied on when the patient is taking quinine, a not infrequent contingency in this country.

Ointment for Syphilitic Eruptions.

Syphilitic eruptions on the face and hands quickly yield to daily inunction with the following ointment:—

℞ Ammonii chloridi.....gr. xl
Ung. hydrargyri.....℥ ij
Ol. amygdalæ amar.....mx iv
Adipis ad.....℥ j
M Apply twice daily for 10 minutes.

Mercury, and nothing but mercury, will cure syphilis. Iodides of potassium and sodium pick out and eat up syphilitic products, but they never destroy the virus.

Quinine in Gonorrhœa.

A solution of quinine sulphate,—one part in a hundred of warm distilled water—provides an admirable antiseptic injection in gonorrhœa. It should be used four times in the twenty-four hours, including *once during the night*, as that is the time when the gonococci multiply. The injection may sometimes require dilution.

HALF a drachm each of oil of cade and blue ointment, in an ounce of vaseline, forms a good local application in syphilitic eruptions of the palms and soles of the feet.

Acoustic Discovery.

Chladni discovered, a hundred years ago, that if a violin bow drawn across the edge of a glass or plate so as to cause a mutual vibration, with sand strewn on the plate, the sand would arrange itself into regular geometrical figures. To-day it has been demonstrated that if a flexible disc, instead of a rigid plate, be stretched over the mouth of a receiver and strewn with lycopodium, or sand, and the human voice be thrown into the receiver, the figures which the sand, or lycopodium, will assume will be governed by the sonorous vibrations of the air produced by the voice, thus forming a regular series of "voice figures," following each other in definite sequence, according to the pitch and intensity of the note sung. This discovery may absolutely become usable in the differentiation of tones of voice in various chest diseases.

DR. DIO LEWIS says the worst cases of stammering may be cured if the stammerer is made to mark the time of his speech, just as it is ordinarily done in singing. He is at first to beat on every syllable. He begins by reading one of David's Psalms, striking the finger on the knee at every word. You can beat time by striking the finger on the knee, by simply hitting the thumb against the fore-finger, or by moving the large toe in the boot. One hour's practice each day will suffice.

IN view of the great uncertainties existing in our food and drink, this is the modern of it: Thou shalt not commit adulteration.

Local Dental Anæsthetic.

Tincture of cannabis indica diluted with three to five times the same quantity of water and applied on cotton to the cavities of the the teeth and gums will prove an effective local anæsthetic, allowing a painless extraction of the teeth. In cold weather use warm water for the dilution.

IN Italy female physicians are now, for the first time, officially recognized by the government.

Temperature for Mental Work.

Dr. Benjamin Ward Richardson finds, after long experiment and practice, that 64° Fahr. is the best temperature in which to conduct mental labor. If the temperature falls much below this, the mind becomes drowsy and inactive; if it rises much above this, there is a relaxed state of the body and mind which soon leads to fatigue and exhaustion. It is important that the temperature be the same in all parts of the room, and that it be steadily maintained.

Bougies Preferred to Catheters.

Catheters had better not be used in such cases as can be treated equally well by bougies. Rigors and fever more frequently follow the employment of the former than the latter, especially when the size of the catheter is too great for the calibre of the passage.

Fluid extract of eucalyptus is useful as a local paint in erysipelas.

Importance of Iodide of Sodium.

Iodide of sodium is more assimilable than iodide of potassium, and easier of both digestion and absorption. And it can be employed in all cases where the potassium salt seems indicated, especially in syphilis.

One grain of powdered digitalis taken internally frequently affords prompt relief in toothache and neuralgia. The tincture or other preparations do not appear to answer the purpose nearly so well.

A Suggestive Question.

Two more Russians who had been bitten by wolves have died after M. Pasteur's inoculations. There is no evidence forthcoming to prove that the wolves were mad; but it is certain that they were inoculated with hydrophobic virus. Could this have been the cause of death?

Bright's Disease and Marriage.

A girl of eighteen or twenty, with Bright's disease, who subsequently marries, is almost certain to die in her first confinement of puerperal eclampria. This is an exceedingly important practical point with reference to the question of marriage of girls with Bright's disease. If a woman has had two or three children, and then acquires Bright's disease, although the condition is more dangerous than where the renal condition comes on during pregnancy, she still has a chance of getting as near well as she was before she become pregnant. The probabilities, are, however, that the kidneys are left a little more damaged than they were previous to pregnancy. The renal disease is better than it was during pregnancy. It is not so with the primipara who had Bright's disease before marriage. Her marriage-bell is her death-knell. In a case like the one before us, however, where there probably was no affection of the kidneys previous to pregnancy, there is every reason to believe that recovery will be complete.—Dr. Ogden.

Treatment of Gall-Stones.

Quite an amount of literature has recently been going the rounds of the journals relative to the treatment of gall-stones, specially with reference to the use of chloroform. While this condition is by no means a common one, a practitioner of liberal experience can recall occasional cases during his entire time of practice, and when they do occur they are of sufficient importance to require correct as well as prompt attention.

Dr. H. A. Cooper of Rockville, Mo., gave chloroform internally in three cases that were well marked, in each of which the condition had been in existence for some years, and had been previously treated by different plans. He claims for the treatment the effect of subduing the existing attack, and warding off its recurrence. The doctor writes in the *Kansas City Medical Record:*

"The prescription I generally use is: ℞ Chloroform, ʒi; alcohol, syr. simp., q. s. to make ℥ij. One teaspoonful, or even two in severe pains, repeated every two hours, and aided, if necessary, by a hypodermic injection of morphia. The dose, of course, may be varied to suit the circumstances. After the severity of the attack has been modified, the medicine should be continued for several weeks, two or three times daily. Chloroform not only relieves the spasmodic constriction of the biliary ducts, but as it is a ready solvent of cholesterine outside of the body, we may infer it will act as a solvent of any substance composed principally of cholesterine in the gall-bladder, or ducts, especially as we know the ethers circulate *as such* in the blood. Practical results verify the scientific inference, because the symptoms are relieved and their return prevented."

This is in keeping with the experience of a number of practitioners who have recorded the action of the remedy in their hands, but differs from the estimate placed upon it by Harley. In his great work on "Diseases of the Liver," he says: "On physiological grounds, I very much doubt the efficacy of either sulphuric ether or chloroform as solvents of gall-stones in the living body. Sulphuric ether and chloroform would, no doubt, dissolve a concretion of cholesterine in the gall-bladder, were they admitted into that viscus in a pure state and in sufficient quantity; but we have no proof that such is the case. On the contrary, we know, at least in as far as chloroform is concerned, that no sooner does chloroform become absorbed and mingled with the constituents of the blood, that it becomes decomposed, the chlorine combining with the blood, and formic acid being set free. But, even supposing that sulphuric ether and

chloroform existed in the blood in a free state, they could not possibly do so in a sufficiently concentrated form to be able to act as solvents of biliary calculi. * * * * Indeed, it is my belief that the beneficial effects both of sulphuric ether and chloroform, when administered in cases of gall-stones, do not in the slightest degree consist in their solvent action upon the calculi, but in their anæsthetic influence on the nervous system of the patient, and through it on the paralyzing of the bile-ducts; the anæsthetic effects tending not only to lessen the pain produced by the gall-stones, but also to dilate the ducts, and thereby facilitate the passage of the stones. Sulphuric ether, chloroform, chloral, belladonna, and opium, all act, I believe, in a precisely similar manner."

If Dr. Harley's view is correct, that benefit is due only to the anæsthetic properties of chloroform, it would appear that the dose suggested by Dr. Cooper would be too small for even that purpose—℥i to a ℥ij mixture, and given in ℥i-℥ij doses every two hours.

Harley has but little confidence in solvent remedies other than to fluidize the bile, and in the treatment of biliousness and jaundice, whenever the staining is produced by bile-pigment, he gives decided preference to benzoic acid and its salts—benzoate sodium, ammonium and potassium. These, in ten to twenty grain doses, have a marked effect in causing the reabsorption of biliary pigments from the skin. A favorite formula from which he has obtained very satisfactory results in a number of cases of impacted gall-stones, is as follows:

℞ Acidi benzoici, ℥ij; potassæ causticæ, ℥ss (*vel* Liq. P. ℥ss); aquæ destil., ℥vj. M. Dissolve with heat, and give a tablespoonful in water thrice a day.

To aid in the expulsion of gall-stones, he urges the free use of belladonna in conjunction with the hypodermic injection of morphia, and after the violence of the spasm of the ducts has passed over he continues the full physiological effect of the belladonna, and by way of "killing two birds with one stone," uses the tinct. opii ammon. for the solvent properties of the contained benzoic acid, when an anodyne is required.

During the entire time of treatment he uses largely of warm alkaline water—a teaspoonful of bi-carbonate of soda to the tumbler of warm water, or milk and water. He claims for the alkaline water, of which he thinks the patient cannot drink too much, (a), relieves the irritability of the stomach; (b), facilitates the vomiting; (c), favors the secretion of liquid bile, a copious flow of which favors the removal of the stone. He thinks a mercurial purge should never be omitted.

When head symptoms supervene in the course of an attack of gall-stone, Dr. Harley has found decided benefit from the administration of repeated doses of ℞ Ammonii chloridi, gr. xx; pulv. antimonialis (Br.), gr. iij; aq. sambuci, ℥ss. M. Large doses of liquor ammoniæ acetatis are claimed to be exceedingly useful in cases of delirium from biliousness.—*Editorial in Miss. Val. Med. Mo.*

[It should be remembered that chloroform or ether is not diluted by the whole volume of blood before reaching the liver. As soon as the medicine is absorbed it is carried directly to the liver by the portal vein and its branches, and immediately circulated through that organ. Does Dr. Harley give due weight to this fact? —Ed.]

It is said that Satan, while on a recent visit to this world for a cargo of sulphur, was shown a sample of iodoform. He immediately countermanded the sulphur order and substituted iodoform, saying, "not in all my realms below does any perfume please my senses so."

Dr. R. J. Banning writes to the *British Medical Journal*, February 20, 1886, an account of a case in which a woman, during the height of a tolerably severe attack of confluent smallpox, gave birth to an infant perfectly uninfected. The baby was vaccinated within a few hours after birth and successfully, both mother and child doing well. This fact is not in accordance with the general opinion that a child born during a developed attack of smallpox in the mother must necessarily be infected.

A case is reported of a lady recently married who had so much tenderness of the vulva that coitus was impossible. A two per cent. solution of cocaine applied to the parts was perfectly successful.

Sir Henry Thompson holds that artificial teeth are an evil in those of advanced years, because they enable such person to masticate flesh. When the teeth fail naturally it is nature's design that the individual should subsist on vegetable diet?

Never contradict or attempt to reason with an intoxicated man; tell him clearly and kindly what you wish him to do, then have power to compel obedience. This is an asylum axiom. —*Quart. Journal of Inebriety.*

Extension of Tuberculosis.

In the process of expectoration, in cases of phthisis, the bronchi, trachea, or larynx frequently become inoculated. Also, if during the process of expectoration, the pus be inhaled by some sudden disturbance of the respiratory movements, and carried into the other lung, or into an as yet healthy part of the same lung, a fresh growth of tubercle, and a fresh centre of infection, may be set up.

A certain amount of the sputum is swallowed, and this occasionally—in fact, in a large number of cases, sooner or latter—gives rise to tubercular disease of the intestine. The practice of swallowing sputum should be avoided, not only as a nasty habit, but as one involving some risk of auto-inoculation.

On leaving the mouth, some of the sputum is projected immediately on to the ground in the open air, and cannot be dealt with. Much of it eventually dries, and is carried about by the wind, clinging to particles of dust. The bacilli themselves die, but the spores retain their vitality and are capable of propagating disease.

Not a hundredth part of alcohol which is sold in France as brandy is ever distilled from the grape. Most of it is from grain, the rest from apples, pears, potatoes, and beets, all of which contain more or less toxic substances. That obtained from grain, when properly rectified, is the least objectionable. Therefore, those who cannot afford to drink the best eau-de-vie or champagne cognac, when travelling in sunny France, had better let so-called brandy severely alone.

Tartar Emetic for Tetanus.

The London Medical Record mentions three cases of tetanus, two traumatic and one rheumatic, successfully treated with tartar emetic. Five centigrammes were given the first day in one dose; twenty centigrammes were given in divided doses the next day. The dose was increased until forty grammes a day were given.

Relief for Strangury.

Strangury is relieved by chloral hydrate more quickly and certainly than by any other remedy whatsoever. The dose must be a full one, however, in order that the effects be rapid and complete. For adults it should not be less than twenty-five to thirty grains, repeated if necessary. Of course it should not be given unless it is certain that the suppression is not due to some impassible mechanical obstruction. —*F. L. J., in St. Louis Med. Jour.*

When to Tie the Umbilical Cord.

Engel, in *Centlbl. für Gynäk.*, strongly recommends that the cord should not be tied till all pulsation in it has ceased, and in the course of his paper mentions the following facts as evidence of the importance to the child of the small quantity of blood thus saved to it. He contrasts the mortality of all the premature children born in the Klausenburg Hospital during the last eight years, during the first four of which it was the custom to ligature the cord immediately on the birth of the child, while during the latter four the plan of treatment he advises was practiced. During the first period there were ninety premature undersized and underweighted children born, of whom seventeen, or 18.88 per cent., died within ten days of birth, while during the latter period there were seventy-four such births, of whom ten, or 13.51 per cent., died within the same time. In cases where the mother became feverish, a wet-nurse was had recourse to. "This striking difference of mortality can only,—in the absence of any other visible cause—be attributed to late ligature of the cord."

PRURITUS OF THE GENITALS should always call attention to one of five conditions: pruritus, scabies, pediculosis, eczema or glycosuria. When the itching is accompanied by any objective symptoms, or when the latter are due to scratching only, the urine should always be carefully examined for the presence of sugar. Many cases of this kind have been treated for a supposed eczema when diabetes mellitus was the true exciting cause.—*St. Louis Med. & Surg. Journal.*

The editor of the Kansas City *Medical Index* says: "It has been my fortune (?) to see a young and lovely virgin brought to one of these speculomaniacs, seized and placed upon the gynæcological 'altar,' her clothes pulled up, hymen ruptured, speculum introduced, and probe pointed at the cervix, before the astonished maiden could explain that she sought the services of his 'majesty' the gynæcologist for an epilepsy caused by an injury to the head."

A Simple Test For Death.

M. Lessenne, at a meeting of the Société Médicale d'Amiens, indicated a certain sign of death, simple and trustworthy. After pricking the skin with a needle, the puncture remains open, just as when a piece of leather is pricked. On the living body, even if the blood does not come to the surface, as would happen if the person were hysterical, the pin-prick closes at once, and does not leave the slightest trace.

American Climate on the Teeth.

"American climate on the teeth is extremely pernicious," says a contemporary. "This," he adds, "is proven in the fact that colonies of foreigners have sound teeth, coming to this country have in a few years to resort to artificial teeth."

This reasoning is fallacious. It is not the climate, but the change of their habits which is the cause of their teeth decaying. When practicing in Minnesota we had many of these new colonists come to us for dental service, and almost invariably, one of the first questions they would ask was, "Doctor, why do my teeth decay so much more rapidly in this country than in the old?" Conversation would generally elicit the fact that in this country they indulged in greater luxuries, used their teeth less on hard food, and especially, indulged in more sweets. This last item reminds us of an incident. We once bought out a confectionery and though we did not personally run it, we were frequently in the store and candy manufactory, where we eat much candy. Our teeth were soon going to ruin, and we could not divine why till a dentist told us it was the excessive use of sugar. By stopping this pernicious practice, we saved our teeth. These colonists in their native land seldom saw sugar; here it is so plenty and so cheap, they eat it in almost every form; and of course such people are not careful to remove the sweet from their mouth till it has turned to acid.

If they were to eat principally of simple food, and that which requires good, hard mastication, as they were accustomed to in the old country, there would be less change in the condition of their teeth. But their increased wages here, and the cheapness of luxuries causes them to indulge to their hurt. And all this is a good lesson for natives as well as foreigners.—*Items of Interest.*

Retraction of the Penis.

In *Vratch* is reported a case where a man's penis suddenly retracted until it disappeared under the pubic arch leaving a depression something like the umbilicus. When seen by a physician the man had tied a string to the penis, fastening the other end around the thigh. After a few days the organ ceased retracting, the only treatment pursued being the administration of small doses of bromide of potash.—*N. W. Lancet.*

We can prove with mathematical certainty that as much flour as can lie on the point of a table knife is more nutritious than eight quarts of the best Bavarian beer.—*Baron Leibig.*

Sodium Iodide versus Potassium Iodide.

To sum up, then, we may claim for sodium iodide that (1) it can be used therapeutically for almost all, certainly the chief, purposes for which potassium iodide is used, and with similar beneficial results; (2) that sodium iodide is more assimilable than the iodide of potassium, both locally to the digestive organs, and to the general system; (3) that as a result, many of the local and general undesirable effects which are produced by the potassium iodide, do not follow the use of the sodium iodide. It is to be hoped, therefore, that the sodium iodide will be used by those whose clinical advantages allow an extensive trial of the drug, so that a more extended experience may confirm that which a limited experienee seems to claim for this drug.—*Brit. Med. Journal.*

Small Doses.

The present tendency in prescribing is to elegance and pleasantness. Although we have capsules, wafers, sugar and chocolate coatings, yet the drug may prove inert by the insolubility of the coating. Since the discovery of various alkaloids, small doses have become more common. If drugs be effectual in small doses frequently repeated, why not prescribe small doses?

But do not understand me to say that we can prescribe for all diseases in this manner. There are some troubles which are only overcome by heroic doses.

In diphtheria, scarlatina, follicular tonsillitis, potassium chlorate in one grain doses every half hour affords much relief, and is curative.

One grain doses of croton chloral every half hour in many forms of neuralgia is beneficial.

In obstinate urticaria, salicylate of soda, in two grain doses every half hour acts well; also drop doses of balsam of copaiba every half hour.

The vomiting of drunkards is often helped by half-drop doses of Fowler's solution every half hour. This is also good in vomiting of pregnancy.

In erysipelas, the muriate of pilocarpine, $\frac{1}{16}$ grain, hypodermically.

Wine of ipecac in drop doses every fifteen minutes will often arrest obstinate vomiting caused by cancer; also useful in children.

For vomiting of infants, A. A. Smith, of New York, has used one grain of calomel to one ounce of lime water; to this add one pint of pure water, and give a teaspoonful of the mixture every ten minutes.

In wheezing and cough of children with bronchitis, good results may be obtained with tartar emetic, one grain to two pints of water; teaspoonful every half hour.

Sick headache is often relieved by one drop of tinct. nux vomica every five minutes.

One of our best remedies for inflammation of the bladder is tinct. cantharades, one drop every hour,

In excessive menstruation, fl. ext. ergot has been successfully used in minim doses every half hour, for six or eight hours before the expected flow. A simple febrile movement, with hot dry skin, full and bounding pulse, may be relieved by half drop doses of tinct. aconite root every half hour; also useful in acute nasal catarrh.

Sub-acute nasal catarrh, with abundant secretions, is often allayed by minim doses of tinct. belladonna every half hour, until eight or ten minims are taken.

In malarial fever, when quinine fails, picric acid, gr. ⅛, in combination with ammonia, is used with benefit; also beneficial in pertussis.

In asthma, with indigestion and anemia, Fowler's solution, in one drop doses, often proves remarkably beneficial,

Apomorphia, gr. $\frac{1}{100}$ three or four times a day, often produces brilliant results in spasmodic cough.

Cannabis indica, gr. ⅓-½, given for weeks, is a useful agent in the treatment of megrim.

Atropia, in doses of $\frac{1}{100}$ of a grain, usually controls night sweats.

Digitalis, in small doses frequently repeated, exerts a beneficial influence over different kinds of hemorrhages.

Many troubles could be treated with small doses, and benefited as much, and often more, than to administer larger doses.—Nashville *Jour. of Med. & Surg.*

Fats and Water.

100 parts of vaseline absorb 4 of water.

100 parts of lard absorb 15 of water.

100 parts of mixture of 7 parts almond oil, with 3 yellow wax, absorb 23 of water.

100 parts of like mixture, made with white wax, absorb 31 of water.

100 parts of mixture of 7 parts of linseed oil and 3 of white wax absorb 48½ of water.

109 parts of mixture 7 parts oleic acid and 3 of white wax absorb 60 of water.

100 parts of lanolin absorb 105 of water.—*Bulletin gén. de Thérapeutique.*

Lady.—"I'm afraid, Hannah, that this new carpet will get perfectly ruined if we don't do something to preserve it." Servant.—"Yes, ma'am, that's true, and I think if you was to put a druggist (drugget) under the table it would be as nice as anything."—*Harper's Bazaar.*

Commencement of Dropsy as a Point in Diagnosis.

Apropos of the subject of dropsy, there has seemed to me to be one very good mechanical indication for distinguishing whether dropsical effusion springs from disease of the heart, or from disease of the liver, or the first local seat of the effusion. If dropsical effusion begins in the lower extremities, and proceeds to the abdomen, the evidence is fairly sound that the obstruction is direct from the heart, and that the liver is free, the stagnation and transudation being due to a failure of the return column of blood from the extreme parts. If, on the other hand, the accumulation of fluid begins in the abdomen, and extends to the lower limbs, the evidence is equally good that the arrest of the circulation is in the hepatic system. This distinction may be of moment sometimes in deciding on the question of tapping. In a case where the dropsy occurred first in the extremities, and afterwards in the abdomen, it would be good practice to delay the tapping until the effect of removing fluid by puncture of the lower limbs had been carried out. But in a case where the effusion is primarily, into the peritoneum, and afterwards into the extremities, tapping the abdomen would have a prior place to puncture. The rule would run, in cases where there is ascites and anasarca: Tap for primary ascites, puncture for primary anasarca. I refer, of course, to chronic ascites and chronic anasarca uncomplicated; not to special dropsies of local origin, like ovarian cysts, and not to dropsy from renal disease.—*Dr. Richardson's Asclepiad.*

To Gynæcology.

O, gentle Art, I'm sure I am not blind
To all the good you've done for womankind;
But once 'twas woman's part to cut and sew,
While now to cut any sew her parts you go
Too oft, perhaps. Might it not be a gain
If you made less of womb and more of brain?

Dr. J. Solis Cohen says the two great principles in the treatment of naso-pharyngeal catarrh are to keep the parts clean so as to let them have a chance to get well of themselves, and to take care of the general health.

That is all; but once more I warn you—no ergot while there is anything in the womb! If you give it with retained placenta you commit an assassination. You simply kill the woman,—kill her as certainly by your hand as though you had put a pistol to her head and blown her brains out. When the uterus is empty, on the contrary, and there be hæmorrhage you may use it according to the circumstances and emergencies of the case.—*Prof. Pagot.*

Do We Degenerate?

No. All facts point in the direction of progress, both upward and onward.

If the contrary were true, we should be a sorry race by this time. History—which, of necessity, is the source of all knowledge on the subject—tells to what extent we have improved upon our ancestors of remote ages.

In ancient Rome, any life insurance company which should have attempted to do business on the "expectancy" tables of our day, would have failed after a short and disastrous career. Why? Because, at the time to which reference is made, the average longevity among the most favored classes was but 30 years, whereas to-day the average longevity among the corresponding class of people, is 50 years.

In the sixteenth century the average longevity in Geneva was 21.21 years. Between 1814 and 1833 it was 40.68, and as large a proportion now live to 70 as lived to 43 three hundred years ago.

There is no race degeneracy foreshadowed in this!

Coming down to more recent times, we find that the progress toward increased health and greater length of life has been uninterrupted. In England, from 1790 to 1810, Herberden calculated that the general mortality diminished one-quarter. In France, in 1780, out of 100 new-born infants, 50 died under two years; from 1817 to 1827 only 38 of the same age died—augmentation of infant life equal to 25 per cent. In 1780 as many as 55 per cent. died under the age of 10 years; in the latter period, 43—one-fifth less. In 1780 only 21 persons per hundred attained the age of 50; in the latter period 32 persons, or 11 more reached that term. In 1780 but 15 persons per hundred reached 60 years; in the latter period, 24 per hundred reached the same age.

But, most instructive of all, we are able to state that no backward step has yet been taken, for it is but a few months since the mails from England informed us that, according to a recent compilation made by the Register General, in the last two decades *two years* have been added to the average life of the people! And the same authority tells us that the gain on the part of the women exceeds that which has been made by the men.

Surely there is no race degeneracy indicated in this!

Although there is still room for improvement, yet women's dress of the present day amounts to a revolution when compared to that of her grandmother, and the comparison is all in favor of the woman of to-day.

We venture to say that the woman who should now lace as her grandmother did, would be an object of pity, if not of ridicule, to the members of her own sex. We have been told by old ladies now living, that in their girlhood —some fifty years ago—one end of the long corset-strings would be tied to the heavy bed-post, while mother, sister or maid would make traction on the other, and draw up the attenuated waist with all the power of their feminine arms.

Oliver Wendell Holmes had himself seen the victims of the dressing process which he so graphically describes:

"They braced my aunt against a board,
To make her straight and tall;
They laced her up, they stayed her down,
To make her light and small.
They pinched her feet, they singed her hair,
They screwed it up with pins;
O, never mortal suffered more
In penance for her sins."

—*Medical Era.*

It is oftentimes difficult to administer tincture of chloride of iron to patients. I am sure after a long trial that the following method will prove satisfactory:

℞ Tr. ferri.....ʒ iij
Acid. phos. d.l.....ʒ ss
Syr limonis.....ʒ iij
M. Sig.—Dessertspoonful three times a day.

A. MARKER, M. D., in *New Eng. Med. Jour.*

Hypertrophic Nasal Catarrh.

Dr. R. O. Cotter says the following ointment will be found very effective in the majority of cases of hypertrophic nasal catarrh:

℞ Ol. eucalyptol.....mx v
Ext pinus canadensis.....fl mx viij
Acidi carbolici.....gtt. v
Cocaine.....gr. iij
Ol. rosæ.....gtt. ij
Vaseline.....ʒ j
M. Ft. ungt.

ONE of the questions asked by a life-insurance company for which the editor of the *Southern California Practitioner* examines, is, "Have you ever been intoxicated?" In reply a recent applicant said, "I was born on the 4th of July; this country was born on the 4th of July; and I was with Grant when Vicksburg capitulated on the 4th of July." The doctor did not see how a human being could pass this triple anniversary and give a negative answer to the question, and he wrote down "yes." We examined a sailor the other day, and in reply to the question, "Have you ever had any disease of the abdominal or urinary organs?" he stated that he had sailed these lakes, between Chicago and Buffalo, for twenty years, and spent about a week at each port on each trip.—*Med. Age.*

Truths.

Large families are no longer fashionable.

Intemperance and unchastity go hand in hand.

Health is the first requisite for a life of usefulness and happiness.

Teach the girls that the corset and tight dressing are the enemies of life.

The best gift a parent can transmit to a child is a "sound mind in a sound body."

With some men, a beautiful face and a fine dress go farther than good health and common sense.

If that which is covered could be revealed, what a commotion there would be among women and doctors!

Man without woman, or woman without man, is not a unit in this world.. Either one alone is a vulgar fraction.

If style were followed according to the plates in *Fashion Bazars*, our women would all be transformed into wasps.

If men would not encourage such extravagance in the dress of women, it would not be long before fashions would change.

—*Dr. M. T. Runnels.*

Before and After Treatment.

"You know how it is yourselves."—JOB.

VERY ILL.

Name, Oh doctor! name your fee!
Ask—I'll pay whate'r it be!
Skill like yours, I know comes high;
Only do not let me die!
Get me out of this, and I
Cash will ante instantly.

CONVALESCENT.

Cut, Oh doctor! cut that fee!
Cut, or not a dime from me!
I am not a millionaire,
But I'll do whatever's square:
Only make a bill that's fair,
And I'll settle presently.

WELL.

Book, Oh doctor! book your fee!
Charge—I'll pay it futurely.
When the crops all by are laid,
When every other bill is paid,
(Or when of death again afraid)
I'll pay it—grudgingly.

F. L. J., in St. Louis *Med. and Surg. Journal.*

Meddlesome Medical Legislation.

The King of Servia, according to the journals, has issued the following: "Whereas it is irrefutably proved by science that the so-called antiseptic treatment of wounds yields more beneficial results than all other methods, we are pleased to order that henceforward the said antiseptic plan of treatment be solely employed in all the hospitals of our kingdom, and that corrosive sublimate and iodoform be used until our further disposition."

In a similar spirit was the prosecution and conviction of a physician in Germany last year for malpractice in not treating a patient by the antiseptic method. In our own country, four States—Georgia, Florida, Kentucky and Virginia—have recently passed an act requiring morphine and its salts to be put up with scarlet labels and wrappers. If this rule be applicable to prescriptions (and it is manifestly designed to prevent mistakes by druggists in dispensing), it will greatly interfere with freedom in prescribing and hamper the physician in his duties, unless he should constantly carry a supply with him of morphine sufficient for his wants, which will tend to defeat the object of the law. In this form it is simply an additional example of mischievous medical legislation.

In order to prevent such errors, the Legislature needs to take counsel with good medical advisers. Medical legislation is a two-edged sword, and may injure medical interests, if not wisely planned, quite as much as it may protect if properly guided.—*Phila. Med. Times.*

The Treatment of Gonorrhœa by Antiseptics.

Gonorrhœa is by no means a trivial disease, and when due consideration is not paid to its frequent sequelæ it really becomes a serious complaint. However, like many other diseases, if competently treated in its early stage, its seriousness is much modified. We all know that gonorrhœa is caused by a specific virus which excites a specific inflammation of the urethra, together with certain specific inflammations of adjacent parts, and is often followed by a form of blood-poisoning known as gonorrhœal rheumatism. It is evident that if the initial lesion of the specific inflammation of the urethra is sufficiently combated, the secondary lesions are hardly likely to occur. Since a micro-organism has been found in the discharge of all cases under twenty-one days's standing, which is by many believed to be a specific cause of the disease, it is evident that agents which will destroy this micro-organism will hold out the greatest hope of being cures for the disease itself. It is evident, therefore, that antiseptics are the drugs which are indicated under this view of the pathology of gonorrhœa, and the report of the treatment of four hundred and thirteen cases by Mr. R. H. FIRTH in the *Indian Medical Gazette*, March, 1886, which shows that corrosive sublimate furnished the best results, furnishes confirmatory evidence as to the truth of this view. Mr. Firth's results are appended in tabular form, as follows:

Treatment.	Number of cases treated.	Average number of days of disease.
Zinc sulphate, 5 grs. to ℥j.....	40	24.3
Zinc chloride, ⅓ gr. to ℥j.....	44	27.3
Tannic Acid, 5 grs. to ℥j.....	10	29.7
Potassium permanganate, 1 gr. to ℥j	30	19.9
Carbolic acid, 1 part to 40.....	29	23.6
Iodoform, 30 grs. to ℥j.....	11	29
Silver nitrate, ¼ gr. to ℥j.....	14	28.4
Corrosive sublimate, $\frac{1}{16}$ gr. to ℥j...	51	20.1
Corrosive sublimate, warm, $\frac{1}{16}$ gr. to ℥j.....	49	17.5
Chloral, 3 grs. to ℥j.....	7	31.8
Boracic acid, 5 grs. to ℥j.....	25	30.2
Quinine sulphate, 2 grs. to ℥j.....	26	26.3
Sodium salicylate, 5 grs. to ℥j.....	13	31
Lead acetate, 3 grs. to ℥j.....	20	26.1
Bismuth and glycerin, 1 to 10 parts	21	25.5
Warm water.....	23	26.6
Total number of cases.....	413	

From the foregoing it will be observed that Mr. Firth has tried sixteen varieties of injection. Of these the corrosive sublimate, when exhibited warm, gave the best results, followed closely by the potassium permanganate, and then by the cold injections of corrosive sublimate. For the majority of these injections he has employed tragacanth mucilage as the basis, particularly for iodoform, bismuth, chloral, lead and borax, and he thinks the method of injecting the drug in a warm solution to be a point of the highest importance in the treatment of gonorrhœa.

The warm water is very soothing, and Mr. Firth thinks it enables the drug more readily to get at the mucous follicles of the urethra which are the chief seat of disease. He has always been very careful to see that patients understand how to inject properly. In the above cases no one of them received internally copaiba or cubebs. The only medicines given were an initial purge, and the maintenance for ten days on a simple diet. One case under treatment at Manchester with carbolic acid, received marked benefit from hourly administration of 8 drops of antimonial wine. In no other case was medicine given, except it were purgative. Mr. Firth has been recently trying the effect of the ordinary zinc lotion, both sulphate and chloride, used warm. From the few observations he has made, he thinks the results will be nearly as good as those from warm corrosive sublimate. In conclusion he advises medical officers to try the warm corrosive injection, or at least for them to see that the injection they happen to prefer is used *warm*. By so doing he thinks they will cure their patients more effectively and more quickly, too, than heretofore. He advises the keeping of gonorrhœal patients in bed for at least eight days; but that is a point which depends upon the degree of local inflammations.

In using the corrosive injections, it is as well after the acute stage is over to increase the strength of sublimate to ½ grain to the ounce of water. Such Mr. Firth says, has been his practice.—*Therapeutic Gazette.*

The Temperaments.

Sanguine.—The body lithe and active; the complexion ruddy and freckled; the hair sandy or light-auburn; the eyes grey or light-hazel; the mind resolute, active, sanguine.

Nervous.—The body light of build, rather slow of movement; the complexion fair; the expression thoughtful and intelligent; the hair flaxen, or very light brown; the eyes blue, or bluish-grey; the mind active; but as is commonly said, nervous.

Bilious.—The body inclined to be heavy, but often powerful; the complexion dark; the hair dark; the eyes dark; the mind thoughtful, reflective, determined, and often sad; bilious.

Lymphatic.—The body large and cumbrous; the muscles large and flaccid; the movements slow and hesitating; the complexion pale; the expression heavy and dull; the hair light and scanty; the eyes bluish-grey; the mind slow, but not unhappy—rather, in fact, of easy and careless disposition; supine, lymphatic.

In a little time the observer soon sees the combinations of these temperaments; and writes the temperament down, whether it be simple or compound, almost at a glance.

When Not to Give Chloroform in Parturition.

1. Never give it to a woman who has a tendency to flood during every confinement, or to those who have great relaxation of fibre, or weak, anæmic women in their eight or tenth confinement, except for necessity.

2. Do not give it where labor is complicated with severe vomiting, or with acute heart or lung troubles unless there be an imperative demand for it.

3. It should not be given to complete anasthesia except for operations, convulsions or spasms of the cervix, and then one person should devote his entire attention to it.

4. The inhalation should be stopped directly the pulse becomes weak or the respiration irregular.

5. Do not give it if there be grounds to fear a fatty or enfeebled cardiac wall.

6. In all cases where it has been given, there should be extra care to prevent post-partum hemorrhage.—Dr. SAVILL, Eng.

BALSAM of fir completely disguises the smell of iodoform.

Croupous Tonsillitis and Diphtheria Compared.

In order to present more forcibly the points of contrast between croupous Tonsillitis and true diphtheria, I have arranged them in the following tabular form:

Croupous Tonsillitis.	*Diphtheria.*
1. Invasion abrupt.	1. Much more often it is insidious.
2. Most marked general disturbance during the first two days; no tendency to asthenia.	2. Generally not much general disturbance before the third day, but after that marked tendency to asthenia.
3. Starts with a temperature of from 103° to 104.5°.	3. Rarely high in the beginning, 100° to 101°, gradually rising till the fourth or fifth day.
4. Pulse full and rapid.	4. When rapid it is feeble.
5. Membrane of yellowish color; edges sharply defined; limited to tonsils; does not bleed when detached; superficial; not very adherent; no tendency to reform after removal; appears early; does not spread.	5. Color gray, sometimes greenish; shades off gradually; on uvula, soft palate, and pharynx as well as the tonsils; bleeds readily even without being detached; infiltrates the deeper tissues; adherent; strong tendency to reform after removal; may not be seen the first or even second day; spreads steadily.
6. Albuminuria rarely if ever present.	6. Albuminuria rarely absent.
7. Reaches its height by the second day; by the fourth, the patient is generally convalescing.	7. Most commonly does not reach its height before the fourth day.
8. Paralysis never follows as a sequelæ.	8. Paralytic sequelæ quite common.
9. It is doubtful if it is ever contagious.	9. Frequently spreads by contagion.

—*Dr. L. Emmett Holt, in N. Y. Med. Jour.*

Subnitrate of Bismuth as a Dressing.

1. Subnitrate of Bismuth possesses antiseptic properties at least equal to those of iodoform. 2. No poisonous effects are to be apprehended as in the employment of iodoform. 3. The subnitrate of bismuth, being a chemically indifferent substance, does not irritate the wounds; secretion is diminished. 4. Its actions is very prolonged, though not vigorous, so that the dressings do not require to be frequently changed, and rest is insured for the wounds. 5. There is no action at a distance, nor does any specific effect attach to it. 6. It does not afford protection against erysipelas and other wound diseases, at least no more than iodoform. 7. It is no disinfectant, but as an antiseptic it keeps the wounds pure. 8. All wounds capable of healing by first intention can do so when dressed with bismuth. 9. It also represents an excellent material for forming scabs under which epidermis can grow over the wound. Its use on granulating wounds has not, however, been sufficiently studied as yet.—*Annals of Surgery.*

The Early Diagnosis of Pregnancy.

The following is an abstract from a paper read by E. S. McKee, M. D., Cincinnati, before the American Medical Association, at St. Louis, May, 1886:

He considered our inability to make a prompt and positive diagnosis of early pregnancy, as the *Opprobrium Obstetrici.* In the first months the physician is sadly in need of reliable evidence. With this in view he turns his attention to the symptoms of the first trimestrium, more particulary those of more recent notice. He considered first, in their natural order, the signs which might occur at the time of conception. Of those mentioned, the only one of any value was the peculiar sensation, voluptuous in character, and more general erethism experienced in fruitful intercourse. An enumeration of the older symptoms of early pregnancy was then made. What was true of one of these was true of them all. There were numerous exceptions to each one, and the same condition might be produced by other causes. Hence very unreliable testimony.

Among the latter signs was mentioned that of Jacquemier, the slate or purple color of the vagina. This can be caused by anything which will impede the circulation. The use of the principles of the telephone to hear the feeble sounds of the fœtal circulation much earlier than is now possible has been suggested by Dr. Joseph Taber Johnson. Dr. S. C. Dumm thinks he can diagnose pregnancy inside of four weeks by the odor of vernix caseosa upon the examining finger. Dr. E. C. Gereung was able to make a diagnosis by the fifth or sixth week by the sensation imparted on touching the ovum with a sound. This was condemned as dangerous practice, while it might be simulated by a polypus or other foreign body in the earlier weeks, and as the ovum is only attached to parts of the uterine walls, the sound may glide past the latter. Kyesteine may be caused by certain pathological conditions, and has been found in women not pregnant, and even in men. Pinard and Didsbury have treated of a gingevitus which begins about the second month. Jotisenne, basing his observations on the law formulated by Graves, that in hypertrophy of the heart the radical pulse remains the same whatever the position of the body,

maintained that, instead of the usual variation of from ten to twenty beats in the non-pregnant woman, the pulse of the impregnated remain the same. The author and others, on investigation, had found this quite unreliable. Dr. H. D. Fry thinks that a rise of intra-cervical temperature to one degree or more above the temperature of the axilla is a strong presumptive evidence of impregnation, provided there is no local trouble. The author has found this true, but has found the rise of temperature in the vagina to be less certain.

To Hegar we are indebted for the new sign of great promise which bears his name. This consists of an unusual resilience, compressibility, softness, bogginess, yielding, and thinning of the lower uterine segment; that is, the section immediately above the insertion of the ligamenta sacro uterina. The shape assumed is that of a fan, balloon, or jug. The change is most apparent in the median line. Compes makes the examination as follows: The thumb is introduced into the vagina until it reaches the cervix, and the index into the rectum until it reaches the ligamenta sacro uterina; the other hand is placed over the abdomen, immediately above the symphisis, and pressed down towards the finger in the rectum. The rectal finger explores the cervix and the lower uterine segment in all its parts, and lastly the higher parts of the uteris. The examination is facilitated by pulling down the uteris with the volsella, and evacuating the bladder and rectum. The author thought this mode of examination thorough yet repulsive to both patient and physician, as well as a difficult and hazardous proceedure. He thought it possible, in the majority of cases, to make out all that is necessary with the finger in one of the culs de sac and the hand externally. If this is not sufficient, it would be quite proper to make the examination above described.

The bladder distended with urine, and the uteris with menstrual blood, may simulate Hegar's sign. These, however, are usually easily differtientiated. Hyperplasia would show increased density. Subinvolution would show the longitudinal as well as the traverse diameters increased. Palpation may fail to get the sign in marked retroversion, unless a careful examination per rectum is made.

Dr. Reinl, formerly assistant to Dr. Hegar, says: Among twenty-two cases I missed the sign but twice, and found it first in the fifth week of pregnancy. Dr. Compes, present assistant of Hegar, has reported eight cases. Dr. E. H. Grandin, of New York, reports eighteen cases, and says he can make the diagnosis prior to the eighth week by Hegar's sign alone. The author had had a number of cases, some of which had not had time to develop. One of these, a widow, acknowledged the opportunity, and believed herself pregnant. Repeated examination failed to find Hegar's sign, and she was repeatedly assured that she was not pregnant. After eighteen weeks the menses returned, and were normal in amount and duration. Another was a wife, who, after a four months absence from her husband, returned to him February 9. She soon came under the author's care, and required a vaginal and specular examination two or three times per week. Three times in the sixth week Hegar's sign was made out. March 32, forty-eight days after her return, she miscarried.

He recommended Hegar's sign, lamented the fallibility of most of the others, and asked for investigators in a field that should not be "barren nor unfruitful."—*Gaillard's Med. Jour.*

Typho-Malarial Fever.

On the evening of the first day of the State Medical Society (Tenn.) meeting, three papers were read upon this subject, each reflecting the views of the author, and comparing the same with the views of others in regard to the existence of a condition worthy the name. The papers were entertaining, and evinced upon the part of the writers an amount of research worthy the cause in which they had launched,

The name typho-malarial was introduced by Dr. Woodward to designate what he thought to be a distinct type of fever, but this idea was never, so far as we are aware, accepted by any considerable portion of the profession. Subsequently, at the meeting of the International Medical Congress, held at Philadelphia (1876), Dr. Woodward introduced a resolution, which was seconded by Dr. Pepper, declaring that "typho-malarial fever is not a specific or distinct type of disease, but the term may be conveniently applied to the compound forms of fever which result from the combined influence of the causes of the malarious fevers and of typhoid fever." It was this dual character that these papers were intended to confute, and if wily logic could accomplish such results, the authors certainly had the field to themselves.

While there is little discrepancy in the minds of practitioners generally in regard to the character of the disease under consideration, the question of its essential nature is yet a matter to be determined. This can only be done by accurate etiological and pathological investigation, and the rarity of fatal terminations renders the latter difficult. In the meantime we meet with this class of fevers, probably dual in etiology, prevailing largely in

this climate, that run a continued, grave, typhoid course, but almost always terminating favorably, and that cannot be classed as either remittent or typhoid. Whether this is the Chickahominy fever of Dr. Woodward, we doubt, yet it may be, with the additional factors incident to swamp surroundings and the physical condition of the soldiery under his care. However this may be, the name proved suggestive and acceptable to the South profession, and has been, either as a matter of convenience or necessity—as you like—generally adopted.

No doubt many cases of *typhoid* fever are completely masked at the onset by the high, remittent temperature range, and upon thorough quininization the true type of disease is disclosed. This high temperature and remittent character at the onset is malarial in origin, and only shows itself in malarial countries. Much error has probably come from denominating such cases typho-malarial, when in reality they were from the commencement typhoid. Such an error was undoubtedly fallen into by Dr. Bemiss in his classical paper on malarial fevers, published in Pepper's System of Medicine. When considering typho-malarial fever, he gave the history of a case that occurred in Charity Hospital as such, when in reality it presented all of the characteristics of pure typhoid fever. If we were to take this as our guide, we would certainly be at a loss in differentiation. The idea that two diseases cannot take possession of and progress in the same system at the same time, is a dogma sustained only by the action of two *specific* maladies in this relationship, and not then with any great certainty. Such teachings will not hold good with malaria, a well-known characteristic of which is its love for affiliation. No one who has had a large experience in malarious districts could have failed to note the ease with which these fevers ingraft into *every condition*, no matter what its origin or whither its tendency. The great antiperiodic, anti malarial remedy must be given sooner or later in *every* ailment in these districts.

As we can say but little in regard to the pathological histology of typho-malarial fever, from the fact that it rarely proves fatal, let us contrast its symptoms with those of typhoid fever:

Typho-Malarial Fever.	*Typhoid Fever.*
No prodromes, but usually preceded by evidences of chronic malarial toxæmia, either latent—save in the form of blood charges, hepatic and splenic enlargements, etc.—or by well-developed intermittents.	Prodromic stage well-marked, by malaise, headache, disordered digestion, vertigo, disturbed sleep, mental depression, and great muscular weakness.
Onset marked by a distinct chill.	Chilliness accompanies the prodromes, and usually ushers in the febrile stage.
The fever often reaches its highest point on first or second day; sometimes intermittent, usually markedly remittent, the oscillations gradually growing less distinct as the fever continues.	The fever gradually ascends, with a remittent wave, reaching its acme on the evening of fifth or sixth day.
Countenance bright and expressive of cheerfulness and hope; cheeks florid, even in the presence of diminished quantity of red corpuscles.	Countenance dull, and expression indifferent, soon passing to drowsiness and stupor.
Tongue, at first white fur, then red, flabby, often glazed; as a rule does not indicate serious pathological change; sordes rare.	Tongue early becomes marked by a dry brown streak through center; later, generally dry, brown and cracked; sordes the rule in place of the exception.
Pain in head of neuralgic character, and present, if at all, only during early stage of the fever.	Headache early, dull and severe, followed by drowsiness, stupor and coma.
Abdomen normal, as a rule.	Abdomen distended and tympanitic, with gurgling in right iliac fossæ.
Movements of bowels but little disturbed.	The *constant lesions* of Peyer's patches give rise to diarrhœa as one of the most uniform of all of the symptoms of typhoid fever. "The stools are at first dark, but early in the first week they become fluid, offensive, ochre-yellow, resembling 'pea soup,' and may be streaked with blood. They number from three to fifteen in the twenty-four hours."

Eruption rare, and not characteristic when observed.	Eruption almost constant, and well marked, consisting of fifteen or twenty small rose-colored spots on abdomen, chest and back.
Rarely fatal.	A grave form of disease, from ten to thirty-five per cent. terminating fatally.
No specific treatment; quinine useless as an antiperiodic.	No specific treatment; quinine useless as an antiperiodic.
Pathology obscure, save that referable to malarial toxæmia.	Pathology well understood, and consists in certain characteristic lesions of the Peyerian patches and solitary glands. Mesenteric glands and spleen enlarge and soften.
Etiology, mooted.	A special typhoid germ, resulting from the decomposition of typhoid stools, and many times radiating from a central point where one case has contaminated the water, and assuming epidemic proportions.

Editorial in *Miss. Val. Med. Mo.*

The murderers have discovered some astonishingly vulnerable parts of the human anatomy of late. From a paper this morning we learn that a Georgia colonel was "shot in the ticket office;" the other day a man was fatally shot "through his door," and not along ago another received a fatal wound "in his window."—*New York Commercial Advertiser.*

He kissed her passionately upon her reappearance.—*Jefferson Souvenir.*

She whipped him upon his return.—*Hawkeye.*

He kissed her back.—*Constitution.*

She seated herself upon his entering.—*Albia Democrat.*

Mr. Jones walked in upon her invitation.—*Electric Light.*

We thought she sat down on her being asked.—*Saturday Gossip.*

She fainted upon his departure.—*Lynn Union.*

He kicked the tramp upon his sitting down. *American Pharmacist.*

We feel compelled to refer again to the poor woman who was shot in the oil regions some time ago.

In Italy a living scorpion is dropped into a wide-necked glass bottle, which contains a few drops of olive oil of the finest quality. More oil is poured in instantly, until the bottle is filled and the scorpion dead. In its struggle to free itself it ejects all its poison into the oil, and this poisoned oil forms a sovereign remedy for the sting of a scorpion.

Antiseptic Injections Into the Lungs.

At a recent meeting of the Société Médicale des Hôpitaux of Paris, M. Gouguenheim gave his experience in antiseptic intrapulmonary injections for treatment of pulmonary tuberculosis. In the place of solutions of iodoform, he used sublimate in proportion of 1—2000, 1000, and 500 parts of water, ; injecting about one-quarter fluid dram (1 cc.) each time. The strongest solution was reserved for large pulmonary cavities. The liquid was warmed and the syringe needle introduced into the first or second intercostal space sufficiently remote from the border of the sternum to avoid wounding important structures, vessels, nerves, or pericardium. One-half to two, and even three milligrams, constitutes a dose of the mercurial sublimate. Intolerance was not manifested, and the pain, if any occurred, was always slight. Cough sometimes was excited. Hemoptysis was exceptional, and contra-indicated the treatment. Of thirty-three cases treated twenty-one gave favorable results; of ten cases ending fatally, three showed local signs of improvement. The favorable results were diminution of râles, and in some the expectoration was lessened. In America injections of iodoform dissolved in oil or ether have been practiced for treatment of pulmonary cavities. M. Gouguenheim aims at destruction of the infecting microbe, by saturating the tissues with a germicide. In theory this is well, and certainly the procedure promises better than the method by inhalation, for obvious reasons. Only, thrusting the needle blindly into the vascular lung parenchyma, as recommended, would seem a most dangerous operation in view of the vessels likely to be pierced; vessels whose coats may be already weakened by the destructive process.—*Courier of Medicine.*

In writing of the meteorological influences on epidemics, Hippocrates laid down the following aphorism, two hundred and thirty years ago, which pretty nearly expresses the sum of our experiences at the present day. "The annual changes of the seasons, greatly increase disease: and in the seasons *themselves, the great changes, either of heat or cold,* act in the same manner." (Hipp. aph. 1. sectio tertia.)

CLASS-ROOM NOTES.

[From the *College and Clinical Record.*]

—Prof. Bartholow considers oleum amygdalæ amaræ the most eligible way to give *hydrocyanic acid.*

—Prof. Brinton teaches that the only effectual treatment of *anal fissure* is forcible dilatation of the spincter ani, done thoroughly.

—Prof. Bartholow advises the trial of conine bromhydrate (dose, gr. $\frac{1}{100}$-$\frac{1}{40}$) in obstinate cases of *chorea.*

—Prof. Bartholow says, that in those cases of *epilepsy* which have not been benefited by the bromides, strychnine often does good.

—Prof. Gross, by the aid of Dr. Bonwill, broke up a *bony ankylosis* of the knee, of twenty-six years' duration, with the surgical engine.

—Prof. Bartholow ordered, for a patient with *periodical diarrhœa,* no pus or blood or mucus in the stools, never any constipation, tinct. belladonnæ, gtt. xv bis vel ter die.

—Prof. Parvin recommends the following for *uterine neuralgia* :—

℞. Quininæ sulph.....gr. viij
Pulveris comphor.....gr. ij
Morphinæ sulph..... gr. ¼. M.
SIG—Give in anticipation of the expected paroxysm.

—For a case of *persistent vomiting,* principally of a liquid character, Prof. Bartholow directed that the patient live on a dry diet; only enough water to carry on the functions; no fluid at meals; avoid the use of fermentable food, and take before each meal, acid. sulphuros. dil., gtt. x.

—Dr. Longstreth had a very bad case of *chronic meningitis,* at the Pennsylvania Hospital, very much improved under the use of potassium iodide and arsenic. Unknown to the attendants, the patient had false teeth, which set up a violent stomatitis from being retained in the mouth for a long time without cleansing.

—For a case of incipient *posterior spinal sclerosis,* Prof. Bartholow directed rest, silver nitrate, gr. ¼, in pill form, continued for six weeks, then intermitted for two weeks, and thus kept up for a long time, care being taken to prevent straining; one of the means used for this purpose will be purgation. Thorough faradization by the electrical brush, with a current only strong enough to produce a pleasant titillation of the skin.

—Dr. Longstreth exhibited a patient at the Pennsylvania Hospital suffering with *mitral and aortic insufficiency.* Pulse very weak and slow, between 30 and 40 per minute, headache and sense of oppression, cold extremities. Under the use of digitalis but little was accomplished, then ammonia in large doses was given, in addition, and a very great amelioration followed, the pulse became more rapid and stronger, the headache and oppression disappeared.

Prof. Gross treats *chancroids,* seen within a few days of their appearance, as follows: Wipe out the sore and under the hedges thorougly with cotton, then apply with another bit of cotton carbolic acid, being careful to touch all the raw surface and to get well under the undermined edges. The pain caused by this application is but momentary, and is followed by a sensation of numbness, which prevents pain from further manipulations. Now, with a bit of cotton wrapped on a match, touch the ulcer with strong nitric acid. This will destroy whatever poison there may be left. Protect with a bit of cotton. Have the patient bathe the penis in warm alkaline water three or four times per diem. If the prepuce covers the sore, let him use as a wash :—

℞. Cupri sulphat.....gr. ½
Acid. tannic.....gr. ij
Aquæ.....ʒj. M.

Place a piece of cotton cloth between the glans and prepuce. A bubo can be aborted by injecting into it an eight per cent. solution of carbolic acid, and the use of compression. If already formed, it may be treated as the origi nal sore.

—Prof. Da Costa showed the class a very interesting case, recently, of a woman with a long history of ill health; malaria, dyspnœa, and, in November, 1883, she had consolidation at the upper part of the right lung; spat blood at that time and has once since; she has lost flesh for the last year, has had a cough for four weeks. Tongue coated, respirations 30, pulse 108, right lung, anteriorly, dull on percussion, the left lung and the right posteriorly hyper-resonant on auscultation, bronchial respiration and râles anteriorly; posteriorly harsh respiration and prolonged expiration; moist râles posteriorly on the left, and anteriorly harsh respiration and râles; feeble respiration everywhere.

Diagnosis.—General bronchial catarrh on the right, emphysema at the lower part and consolidation at the apex. The emphysema has stopped the consolidation.

Treatment.—The catarrh is at present the most important point of the treatment. She will take :

℞. Ammonii chloridi.....gr. x
Tinct. opii deodoratæ.....gtt.iij
Syrup. pruni virgin.....ʒj. M.
SIG.—Every three or four hours.

When the catarrh is well advanced toward recovery, let her take ten grains of the iodide of potassium and ʒss of cod-liver oil three times a day.

Original Communications.

Short articles on the treatment of diseases and experience with new remedies are solicited from the profession for this department; also difficult cases for diagnosis and treatment.

Articles accepted must be contributed to this journal *only*. The editors are not responsible for views expressed by contributors.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them: and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else. —RUSKIN.

Hysteritis.

Editor MEDICAL WORLD:

It gives me pleasure to see the continued praise of THE WORLD. I will not stop to enumerate its many good qualities, but will just say that I am like the boy who was too lazy to say his prayers at night. He wrote them off and pasted them on the head of his bed, so when he came to go to bed at night he would point toward the head of the bed and say, "them are my sentiments," and jump into bed. I will just say that the highest praise that can be written for THE MEDICAL WORLD is my sentiments, and pass on.

I have frequently thought of writing on different subjects, for THE WORLD, and again I would think that I would be occupying valuable space that might be used by more able writers. I endorse Dr. G. A. Warman's views when he says "*boycott* all works using the *metric system*." I, for one, will never allow a medical work to enter my library that uses the metric system.

I will venture a diagnosis and give my plan of treatment for Dr. L. J. Pons' case, as I have treated several cases during the last sixteen years with this treatment without losing a case, although two or three were at death's door. I will call the disease *hysteritis*. It usually follows a lingering or artificial labour, or one in which the placenta has been removed by the introduction of the hand into the uterus, and commences within a few days after delivery. It is ushered in by one or more rigors, varying in intensity, which are speedily succeeded by increased heat of skin, accelerated and hard pulse (generally), severe headache, temperature varying from 100 to 106 degrees, drynees of the mouth, furred tongue, and other systems of inflammatory fever. If prompt (I might say heroic) remedial means are not applied, the disease may spread to the peritoneum, involving that membrane in the most dangerous degree of excitement. There is more or less pain in the hypogastric region referred to the loins and along the inner part of the thighs, generally increased by the pressure of the hand, as well as by the after pains. The uterus is felt larger and harder than natural. The lochial discharge is suppressed, or flows sparingly, is of a dark, dirty color, and possess a fetid odor, the milk is diminished in quantity, the urine and most other secretions are also defective, there is generally a short hacking cough, a frequent desire to evacuate the bladder, and its contents are voided with much pain, the os uteri will be found hot and tender to the touch, and should an abscess form in the uterine structure, or gangrene occur, excessive prostration of strength will follow, the countenance will become pale and expressive of great anxiety, the pulse will lose its firmness and become so quick as to be counted with difficulty, the respiration will be hurried, laboured and distressed, coldness of the extremities with clammy perspiration will succeed to the previous heat and dryness, the tongue will become foul, the teeth and lips coated with dark sordes, vomiting and uncontrollable diarrhœa will generally make their appearance, while incoherence, coma or muttering delirium will be the harbingers of death. My first experience with this disease was in 1873. I was called to see a lady on Friday morning who had been put to bed about two weeks before by a midwife. I found a case as described above. I gave tinctures of veratrum and gelseminum with morphine, used intra-uterine injections with tepid water, warm fomentations and turpentine, etc., externally. Latterly I gave quinine, brandy, ammonia, etc. In a few days patient number one was in her grave. I was called on Saturday after seeing first patient and found a lady who had been put to bed several days before by a midwife, another lady who lived six miles from the first lady's residence. I found patient number two in about the same condition and gave the same treatment, and patient number two was buried one day after patient number one. The ending of these two cases alarmed me very much. I had called another physician in consultation, who coincided with my treatment.

The first thing I did after my misfortune in losing my patients was to read every work that I thought might throw more light on the subject. After reading and comparing views of different authors, I concluded to bleed my next patient freely, for effect, not for amount. As soon as I saw my next patient I bled her freely. Then purged freely with calomel and podophyllin, then gave quinine and opium, or morphine, by suppository every four hours, giving the opiate as required to quiet the patient, and using internal uterine injections of warm (almost hot) water, with carbolic acid, every fourth hour, keeping the bowels open with enemas, and using tincture of iodine and spts. turpentine freely over the region of the uterus. In many instances I have experienced the good

effects of one quart of warm water containing a small amount of carbolic acid, thrown into the uterus at intervals of four to six hours.

When the symptoms of depression have supervened, the continuance of depleting measures would add to the danger and hasten on a fatal termination. Even although the state of the patient may seem hopeless, it is not right that we should abandon her to her fate, for the resources of nature are so abundant, and her powers so great, that an effort at restoration may be made at a moment most unexpected. It now becomes our duty to help nature the other way. This we can best do by stimulating the nervous system so as to rouse the flagging action of the heart, and by sustaining the drooping strength. The former of these objects I have done by spirits, wine, brandy, whisky, æther, ammonia, camphor, opium and quinine, with a liberal supply of easily digestible food, as the stomach will bear without distress. With the above treatment I have seen patients recover when I thought recovery was impossible, and never saw one die. I believe the lancet to be the sheet anchor in the beginning. I never rued bleeding, but I have wished that I had bled two or three of my patients that I did not bleed. Whereas the lancet was carried to excess years ago, it is neglected just as much today. As I believe, many valuable lives would be saved if the patient was bled at the proper time, for the effect, not for the name of bleeding nor the quantity of blood.

I remember a patient of my preceptor's that he treated about twenty years ago. She lingered about three weeks, having a chill almost every day. His treatment was heroic doses of quinine, but the patient eventually died, whereas I believe now, that if she had been bled at the proper time, and properly treated afterwards, she would have recovered.

I also believe that if my first two patients had been treated as I have treated similar patients since, they would be living today. My experience in obstetrics is that the boldest treatment is the best. If you undertake to do a thing, do not desist, but persevere, and you will succeed. I do not believe in making so many attempts to succeed and failing, as in Dr. Thompson's case on page 178 of May number of THE WORLD, where six physicians tried *repeatedly*, and failed. What I mean by persevering is, when you once put your hand forward, do not remove it until you succeed. If you do, do not repeat a fruitless trial. In this case there was enough rough handling done to the uterus to cause the worst case of hysteritis.

KARTHAUS, PA. F. S. NEVLING, M.D.

Post Partum Bandage.

Editor MEDICAL WORLD:

In my early practice I always used a bandage after labor. Of late years I tell the patient that the bandage is not used as much as formerly. I do not recommend it, and if simply a straight piece of cloth it is useless and a nuisance, as it will not keep its place. Very often they agree with me, but occasionally one thinks she must have it on.

"Old grannies" think it essential in order to preserve the "form." All works on obstetrics, so far as I know, recommend it. Lusk says it makes the woman feel more comfortable. I recently heard of a doctor who always carried a bandage with him when called to a case of labor. I have come to the conclusion that a straight piece of cloth may be a good thing, so far as the woman's comfort is concerned, for the first twelve to twenty-four hours, but after that is useless, if not positively harmful. The practice of putting a pad under the bandage I consider very wrong, as it is almost sure to displace the uterus, either downwards, backwards, or to one side. On page 137, April number of THE WORLD, I requested the readers to give me their views on the use of the bandage (will L. G. Doane, M. D., New York city, please turn to it and read again). To this request I have received forty-two replies. Twenty-seven use the bandage, fifteen do not. About one-half express a preference for a bandage made to fit the person, and I certainly cannot see how any other kind would be of any service, for more than twenty-four hours. One writes that: "From 1880 to 1884 I never bandaged one that I could persuade to get along without, and I found in looking over the records of these cases that they did not do as well as those bandaged. I now bandage every one." As this gentleman, who had a large practice, had not had an experience similar to my own, I wrote requesting some particulars. He very kindly replied as follows: "In a number of cases there was relaxation of the uterus after contraction, and hemorrhage (to my mind) greater than usual." He thinks the bandage an aid in reducing the abdomen to its original calibre. "My patients complained more of backache, were more helpless in bed, the flow continued longer, the uterus continued longer in a state of sub-involution, the abdomen remained longer loose and flabby, the natural symmetry was impaired longer, the back on getting up was weaker, and the patients were, on an average, one or two days later in being able to get out of bed." Another thinks he came very near losing a patient from hemorrhage from omitting the application of the bandage. Another writes: "My experience in a practice of thirty years,

with the use of the post portum bandage has resulted in discarding it in nearly all cases." Another: "Have not used one in fifteen years." Another says: "Consider the straight piece of cloth useless—even dangerous." Another writes: "Have never used bandage after labor in a practice extending over eighteen years, and have never regretted not using it." Another writes: "I haven't used a bandage for the past three years, and cannot see but that my patients get along as well if not better than when in the habit of bandaging." Another says: "In an experience of forty years I only use it when requested." Another writes: "In nine years practice I have never used or allowed them." Another wrote: "Used them years ago, but have quit." Another says: "Formerly used them, but have not for the past three years. I consider them productive of harm." Another writes that: "For the last four or five years I have preferred to use no bandage, yet, if my patients insist, I place on whatever kind they wish." I have made the quotations so that the reader might be the better enabled to form an opinion. One writer asks: "Why not bandage our domestic animals, as there is certainly more strain upon their abdominal parietes?" He uses the bandage because he wants no controversy with his patrons, and so I have classed him with the users of the bandage. There were one or two others who used the bandage for about the same reason, although not approving of its use.

In conclusion, I desire to thank all who have been so kind as to reply to the bandage question.

S. J. SMITH, M. D.

Charlotte, Monroe Co., N. Y.

Post Partum Bandage.

Editor MEDICAL WORLD:

In the April number of THE MEDICAL WORLD I notice an article "Post Partum Bandages," from the pen of Brother S. J. Smith, M. D., of Charlotte, Monroe county, N. Y. The article referred to was a request to ascertain who are and who are not favorable to post partum bandages. I do think that bandages used at such a time are without a doubt, in my mind, a very great and fruitful source of serious mischief to the patient. If a bandage is kept near where it should be it will have to be very tight, and thus will be uncomfortable to the patient. I now refer to such bandages as are ordinarily used. There are other forms of bandages very convenient, and which will stay where they are placed, but are not generally used by a large portion of the profession. I claim that any abdominal bandage, that will answer the purpose for which it is intended, will do a great deal more injury than good. They act on the principal of a ligature around the abdomen. They flatten the uterus, which at the time of childbirth is large, and the tissues are loose and engorged with blood. The uterine sinuses are all wonderfully increased in size. Is it not easily seen that an abdominal bandage, even though moderately tight, would compress and flatten the uterus, and would, as a result, prevent the process of "involution"? Just for a moment, think of a greatly enlarged uterus, incarcerated between the spinal column behind, and a bandage in front. I certainly believe that a very great majority of female "weaknesses" of American women are due, in part, to the use of abdominal bandages after confinement. Involution is interfered with by the use of bandages, and as an almost certain result, subinvolution and procidentia uteri will afflict the woman the remainder of her life. For many years past I have discarded the use of a post partum bandage as being useless and harmful. I have not had any difficulty from not using the bandage. I tell my patients not to use one, as I will take all risk in that direction. If I should at all use a bandage it would be for some temporary emergency, viz.: to restrain hemorrhage, or an extreme sense of "goneness" after delivery. After a few hours I would lay it aside.

Nicholia, Idaho. J. M. MOSENA, M. D.

For Scabies, Mange, Etc.

Editor MEDICAL WORLD:

Dr. Weidman, Marine, Ill., asks in the April number for a remedy for "Scabies, Mange, or what is it." The following I have never known to fail, and have tried it in hundreds of cases:

Take of

Oil of tar	drs. 2 to 4
Sulphur	drs. 2 to 4
Carbolized cosmoline	oz. 2

M. S.—Apply before going to bed each night to the parts diseased, rubbing it as nearly dry as possible with the hand. Gentle friction is the best.

If this does not cure the case, continue the ointment and at the same time give internally the following:

R	Liq. pot. arsenitis	ʒ ss–j
	Pot. acetatis	ʒ ss–j
	Aquæ ad	ʒ ij

M. S.—One teaspoonful two hours after meals for an adult.

Madrid, Iowa. Q. A. STURGEON, M. D.

Cure for "Scratches."

Editor MEDICAL WORLD:

I am well pleased with THE WORLD. I have every number from the beginning. It gets better as it gets older.

I would like to say to Drs. Weidman and

Wesselowski that I have a sure cure for the scratches, or skin disease that they are having so much trouble with. We have had a siege here, too, but no trouble now. It is

℞. Crysophanic acid..... grs v to xxv
Vaseline.....℥ j.

M. SIG.—Rub on very thinly, but thoroughly, every part of the body effected. Wash first with warm water and soap. Use three nights consecutively. If the trouble returns, repeat.

My reason for saying 5 to 25 grains is that in delicate skins the larger amount will cause intense burning, reddening and exfoliation. Have the patient wear old clothes because this will turn them yellow, but there is no odor or poisonous effects.

Where there are large sores, have them bathed thoroughly to remove the scabs. Mix a little oxide of zinc with the ointment, then use till cured. Give internally, pot. iodide with syr. sarsap. comp. and syr. stillingia comp. Keep this up and you will be rewarded with success.

I can recommend bal. copaiba as an injection for vaginitis, gonorrhœa, etc.

Taylorsville, Ill. O. T. PRATT, M. D.

Post Partum Bandage.

Editor MEDICAL WORLD:

Deeming, as I do, the proper adaption of a bandage one of the essentials of post partum treatment, I am more than anxious that the suggestions of Dr. Smith, in April number of THE WORLD should be heard, accepted and acted upon. It seems to me essential that each one should describe in every particular the material, the size and mode of adaption, when it should be first changed and how frequently, and how long it should be employed, in order to obtain the greatest benefits to be derived from its use. I hope the "good work" instituted by Dr. Smith will continue until the voice of the medical profession has been sounded through THE MEDICAL WORLD, and this much mooted question settled to the satisfaction of all unprejudiced minds.

West Union, Iowa. E. A. AINSWORTH, M. D.

The Rhubarb Leaf.

Editor MEDICAL WORLD:

The leaf of the common pie plant, applied to the chest, where there is acute lung trouble, is most admirable. Dip it in hot water, after slicing off the pulpy veins, and place it on the affected part to remain over night. Perhaps the second or third application will be required to bring out a fine sudamina, effecting very gratifying results.

E. Mansfield, Mass. I. H. STEARNS, M. D.

Will Cocaine Cure Morphia Habit?

Editor MEDICAL WORLD:

This question is asked in THE MEDICAL WORLD by Dr. F. H. Johnson, Portland, Oregon. I can answer the question by saying, it will, by substituting the cocaine habit, which is infinitely more destructive, morally, mentally and physically. After hearing a beautiful paper read before the Academy of Medicine, Cincinnati, by Prof. Whittaker, highly lauding it for the cure of the morphia habit, giving the history of several cases in which he had used it with great success, I decided to use it on a case in my own practice, and, from my experience, as well as those of a great many others I have read of, I know it is much more seductive than morphia. A man will go ten miles in his night clothes to get cocaine when he has morphia on his mantel-piece; and if the cocaine habit is formed, he will be a total wreck in six months, a prey to all the horrors of insomnia, delirium, vigilans, illusions and hallucinations; his best friends will be his supposed enemies; ambition, self-respect, duty as a husband and father, all will be given over to the fascinations of cocaine, which will only end in hopeless dementia. I have only decided to state these facts by seeing the query of Dr. J., who has a friend he thinks of trying it on. Don't try it, unless under the strictest surveillance in a hospital; then the patient should not, of all things, know what he is taking. The substitution of one poison to cure another (or vice, I should say) will never succeed, anyway.

Newport, Ky. DOUGLASS SCHEERFORD, M. D.

Notes and Questions.

Editor MEDICAL WORLD:

Dr. L. G. Doane, of New York, in the May number of THE MEDICAL WORLD, kindly suggested the use of ice in vomiting of pregnancy. I will say that ice was given a thorough trial in the case which I reported in the April number of THE WORLD, but for some reason I did not speak of it in the article. I am aware that it is an excellent remedy in such conditions, but it failed in this case.

I am having a dood deal of trouble with a case of dysmenorrhœa with sterility. I have resorted to a variety of treatments, and have persisted in the various plans of treatment which I have instituted, yet the case does not recover. It was caused by a miscarriage. She never had any pain or trouble whatever previous to that. There has been slight retroflexion, and narrowing of the canal. I corrected the retroflexion and dilated the canal, yet the dysmenorrhœa continues. Any suggestions will be

appreciated.

Dr. W. S. Cline, of Tom's Brook, Va., is certainly to be congratulated on his success in typhoid fever and in pneumonia. It seems to me more than remarkable that a man should practice medicine twenty years and never lose a case of either disease. I cannot understand it. I lose cases of both diseases, and so does every physician about here, so far as I know. I have seen cases of pneumonia die in three or four days, and yet under similar treatment to that spoken of by the doctor. Will not the doctor give us specific directions for handling a case of acute lobar pneumonia, of a severe type? Certainly what has been done can be done, and I, for one, would be greatly interested in an article from Dr. Cline. Tell us, please, just how much medicine of each kind is to be given at each dose, and just at what hours in the day it is to be given; also, how our poultices are to be made, and how and when applied.

Binghamton, N. Y. F. W. PUTNAM, M. D.

Questions on Typhoid Fever.

Editor MEDICAL WORLD:

An article in the May number of your excellent publication, by Dr. Cline, upon the treatment of typhoid fever is to me especially interesting, as he evidently proves his faith by works, and as he politely offers, in fraternal spirit, to reply to interrogations that may be presented respecting the subject, I am led, as a heretic to the general instruction and practice of the time, to inquire:—

1st. The average duration of the disease under his treatment?

2d. How often has he had to care for two or more members of the same household, at or about the same time, with this malady?

3d. Does he find it to be a self-limited disease, or by the course indicated does he arrest and defeat its full definition, as laid down in books on modern practice?

4th. What per cent. of cases using calomel and Dover's powder in conjunction present mercurial symptoms, and how long are these agents used, or what condition indicates their discontinuance?

5th. Will Dr. Cline favor us with a detailed report of an average or typical case, its history, duration, symptoms and treatment?

The opportunity presented through your very valuable journal for discussion of all pertinent subjects is inestimable. Practically you are presiding over a vast convention of medical democrats, who feel free to present their views without fear of haughty or dogmatic assumption or repression; every member having the privilege of reading or participating in the discussions, which, for brevity, possess the soul of wit. They are pointed and profitable, and for one, I must truly acknowledge myself your debtor.

Lincoln, Mass. MOSES W. KIDDER.

Further Questions to Dr. Cline.

Editor MEDICAL WORLD:

I would like to ask Dr. W. S. Cline for a more elaborate report of his treatment and enormous success with typhoid fever, a synopsis of which is set forth in the May number of THE WORLD.

I would ask your leniency, dear Editor, in allowing him space to report at least three cases; one each of youth, adult, and old age, with a correct record of each days temperature, general symptoms, treatment, etc. While I know it is against THE WORLD'S rule to give space to long articles, yet this is one that should receive more than a passing notice; for if such treatment will cure half the usual cases of typhoid fever, the profession at large must be viewing it from the wrong pathological standpoint. Come right along my friend, W. S. C., we want to hear more of your specific in such a dreaded malady.

Martin City, Texas. J. O. LOWRIE, M. D.

Involuntary Seminal Emissions.

Editor MEDICAL WORLD:

I have a case of involuntary emission of semen, which is very perplexing. Have tried every sort of means and apparently failed. The patient is a youth of twenty-seven years, and has masturbated considerably in his life, (which he frankly admits), and has tried numerous remedies and physicians with no success. I have treated him now for six months with no success. Could you or any of your readers inform me, through your columns, how to treat this case successfully?

San Francisco, Cal. M. J. NEWMAN, M. D.

[While such cases present the greatest variety of symptoms, each one of which must be met in its own way, thus taxing to the utmost the ingenuity of the physician, yet we would offer the following as a good general treatment:

1st. Twice each week, pass a metallic bougie, and let it remain about five minutes *in the prostatic portion of the urethra.* Commence with the largest size which will easily pass through the prostatic portion, and gradually increase to the largest which will be admitted by the meatus. The *most careful* antiseptic precautions must be used, and perfect lubrication employed. This should be done at night, when the patient can take rest, to secure which it should be followed by a medium dose of the bromide of potassium or sodium. The bromides are not to be administered at any other

time during the course of the treatment.

2d. The patient must take, *every morning*, a cold douche along the spine; also to the perinæum, and parts surrounding and including the genitals. This should be brief at first and continued longer each time as he finds himself more able to stand it. Salt baths once each week will also be beneficial. Of course this douche must be followed by brisk rubbing, particularly the spine.

3d. For internal treatment, give the fluid extract of ergot, one-half drachm increasing to one drachm, three times daily.

4th. A tonic, as long as indicated, based on strychnia and phosphoric acid, with iron, if indicated.

5th. A sand-bag to pound, or some other *interesting* muscular exercise, to which the patient *must* resort every time he is tormented by his temptation. Boxing and fencing are the best of all these exercises.

6th. Very important, is to lead him to cultivate and follow up some line of thought in which he is already interested, having an ambition to become thoroughly informed in it. A useful business pursuit would answer the same purpose, but he should, if possible, be led into this unconsciously, and without knowing its object.

Would be pleased to hear from others on this subject.—ED.]

Delivery of the Placenta.

Editor MEDICAL WORLD:

In the May number of your instructive and interesting journal I find an inquiry from Dr. A. R. Clair, of Senecaville, Ohio, in regard to the method different persons use in delivering the placenta. I have often thought of giving, through some journal, my mode, as I have never seen where it has been adopted by any one else. However, before doing so I will give a statement of my armamentarium, which I always keep ready for battle, feeling prepared to meet most emergencies. I have a regular ladies' satchel, which can be bought anywhere for two or two and a half dollars. The one I have has an outside pocket with clasps, in which I keep a box of mustard, ready made plasters, a small tin box, such as cough drops come in (can be had at any drug store), which is filled with carbolated cosmoline for the hands and instruments (cosmoline is preferable to vaseline, because it is not so soft). On the inside is another pocket in which I keep a small size pocket book with scissors with round point, such as clerks in dry goods stores use and two or three dozen cords cut to suitable lengths to tie the umbilical cord. These I have previously dipped in water and carbolic acid, or a three per cent. solution of corrosive sublimate, and dried. In this same pocket I keep a case of Parke, Davis & Co.'s, with hypodermic syringe, sulphate morphia solution (half grain to twenty drops), cocaine, and camel-hair brush. On the opposite side I have a piece of morocco leather, a half inch wide, stitched at intervals to hold bottles—six oz. chloroform, four oz. listerine, two oz. carbolic acid, two oz. fluid extract ergot and a half oz. Monsel's solution. Between the two I have a household syringe, a pair of Hunter's obstetrical forceps, a bottle holding four oz. best brandy, a graduated cup holding two ounces, and a pair of dark calico sleeves with elastics to fit tight around the wrists and fastening above.

This satchel I keep in my office, and when called to an obstetrical case I have only to take it along and feel that I have at least most that I will need, and don't have to be hunting up different things and then often have to send a distance or borrow from some other doctor and lose valuable time in waiting.

I will not take up your valuable space in telling how I proceed from the beginning, but, as promised, I will speak only of delivering the placenta. After the child is born, I tie the cord in two places, with an interval of about an inch between. I tie the cord next the placenta to prevent the placenta from emptying itself of the blood and thereby lessening its size, because then I think the womb contracts sooner and more uniformly; hence less danger of hour glass contraction when the placenta is distended. Immediately after the birth of child I give twenty or thirty drops of fluid extract of ergot or normal liquid ergot of P. D. & Co. I then place my hand over the womb and use gentle pressure for ten or fifteen minutes until I feel some contraction of the womb. Then with my right or left hand, whichever most convenient, I take hold of the cord and with the other hand I follow up the cord to the placenta. If outside and lodged in the vagina, there is, of course, no difficulty in removing it; if not, I puncture the placenta with my finger by the side of the attachment of the cord to empty the placenta of its blood, and often in so doing I can feel the womb gradually contracting, and with a little traction on the cord with the other hand and manipulation around with the one inside, everything comes away nicely. I have only spoken of plain, uncomplicated cases, as time and space will not allow my saying more at present.

Staunton, Va. B. P. REESE.

For Enlarged Breast.

Editor MEDICAL WORLD:

Noticing Dr. Ushers case of enlarged breast in a young girl in April WORLD, and asking

advice in his trouble, I wish to say to him that, in all probability, he has a case of chronic induration of the glands.

As this affection occurs often from the glands being morbidly excited, it is usually associated with menstrual irregularities, or with a general disturbance of the nervous system.

Symptoms in such cases are, excessive sensibility upon manipulation of the gland, total absence of any indication of a tumor, and, if the gland or lobe be raised from the pectoral muscle, it feels indurated.

If Dr. Usher will diagnose the case once more, and meets with above symptoms, and any irregularity of the sexual and nervous system, I would advise to correct first what is wrong in the general system, by means of tonics and alteratives (especially iodide of potassium in grs. v doses); to sooth any pain or sensibility; to order an external belladonna application.

Let us hear from you again, doctor.

Ephriam City, Utah. WM. H. OLSTON, M. D.

Remarks.

Editor MEDICAL WORLD:

In a recent number of THE WORLD I noticed your invitation to country doctors to write for publication. I rather like the idea. I have practiced in large cities and in the thinly settled country, and am comfident that the wary M.D. of the crowded metropolis can learn much from his brother out on the frontier. I read with interest and pleasure the elaborate and accurate (?) "Diet Tables" published from time to time in my medical journals. I used to think when practicing in Chicago, that diet was half the practice, and was always ready to attribute any relapse or untoward symptom to the fact that my patient had disregarded my instructions in regard to diet. It was a very fine scape-goat for my own faulty therapeutics. I have just returned from a ten mile ride. I have seen in my trip two patients with dysentery, two just convalescing from pneumonia, and "waited on" one woman confined with her fourth child. (If you want to get rid of all your pet theories in obstetrics, move into the country and take a few lessons from the old county doctor.) Take a clean sheet of paper and write down the nourishing, easily digestible *diet* you would prescribe for these exhausted patients, of reduced vital force, of course. Listen to the facts: these were all poor people and could get neither milk, fruit, fish, wine, vegetables nor anything you would suggest as nourishing diet. Fat bacon, corn meal, poor flour and coffee is all you can find on their bill of fare; but, gentleman it is enough for them, and I assure you that these cases will recover just as speedily as your pampered city patients. *De gustibus non est disputandum* is peculiarly true of the sick. I used to provide myself with concentrated foods, etc., but soon found them worse than useless for patients accustomed to none but the plainest food. My advice is to such patients, eat anything that you crave, or that agrees with you. Talk about toast and tea for *such* pampered women! My patient this morning, half an hour after I delivered the placenta (Crede's method), sat up in bed, ate a slice of *fried* ham, three eggs, two cups of strong coffee, and two hot biscuits. This leads me to remark that we ought to be very careful how we follow formulæ and methods of treatment. I have now on hand two cases of bronchitis. One a little child, female, six months old, of weak cachectic parents, very unfavorable surroundings. The other a strong gigantic raftsman who never was sick in his life before. (What is your treatment for bronchitis?)

I must say one word about the metric system. I have a daughter æt eleven years, who is reviewing "denominate numbers" at school. Observing with what ease she ciphered in "long measure," "apothecaries weight," etc., I thought I would try her in the metric system. In one hour she could readily do any "sum" I gave her and "reduce" from ounces, drachms, and grains, to grams, decigrams, etc. Now does it look well for the members of an educacated profession to say that this inovation is too difficult for them? Is there a doctor in America who cannot master it perfectly in an hour, so that he can write a prescription after the old fashion and immediately duplicate it in the metric system? Reflect, and do not discard such a valuable improvement without a good, fair trial. REW.

Arkansas.

Lycopus Virginicus for Cholera Infantum.

Editor MEDICAL WORLD:

I wish to call the attention of the profession to a therapeutic property of lycopus virginicus (bugle weed), which is as yet unknown to the profession in general. The article in the April number of THE WORLD recommending it in dyspnœa, brought to my mind another virtue of this drug, and as the time of year is drawing near when I expect to use it myself as I have for several years, I feel no hesitation in urging the readers of THE WORLD to use it, and in the exact manner in which I direct. Now to the point. It is unquestionably the best and safest remedy in the whole materia medica for cholera infantum. I use P. D. & Co's fluid extract, ʒss to ʒviij of sweet milk. Add together and set on the stove until it boils for one

minute, the stove being hot enough to boil it within from five to ten minutes from the time it is put on. I then cool it and keep in a cool place. I give one teaspoonful at a dose from fifteen minutes to two hours apart, depending on the condition of the case.

I hope your readers will remember this, and before they begin to lose their patients have their druggists send for P. D. & Co's. fluid extract of the drug and use it as I do. It will not act as well in any other vehicle as in the milk. I hope to see reports of my medical brethren's experience with the drug.

Boone, Iowa. J. T. COVENY.

Abscess of Right Lung.

Editor MEDICAL WORLD:

I think the busy practitioners who have received THE MEDICAL WORLD can exclaim "Eureka." In May number, page 167, is a communication, entitled "A Suggestive Case," which recalls to mind a similar case I had the first few months of my practice in 1866. I was called to see a consumptive patient of my brother's, and found an abscess, as I thought, between the sixth and seventh ribs. I opened it, and over one pint of pus escaped, with no signs of abatement; I called for some lint with which to stop the flow, got on my horse and rode to consult my brother, telling him I had struck a fountain of "matter." When he arrived we pulled out the plugs and over a half gallon more pus escaped. Our patient made a rapid recovery, and is living to-day minus his right lung. His body inclines to the right and that shoulder is lower. The case was never reported, as our "city brothers" hardly ever consider the experience of their country cousins worthy of notice.

Tom's Brook, Va. W. S. CLINE.

For Gonorrhœa.

Editor MEDICAL WORLD:

Dr. J. H. Albert asks in the March number for the best treatment for gonorrhœa. Here it is:

℞ Balsam copaibæ.....℥iij
Spt. nit. dulc.....℥j
Spt. lavender.....℥j
Olei terbinth.....℥j
M. S. Take one teaspoonful twice a day.

For injection:

℞ Plumbi acetatis.....gr xl
Zinc. sulphatis.....gr xl
Pulv. acaciæ.....gr xl
Tinct. opii.....℥ j
Aquæ dest.....℥ j
M. S. Inject morning and evening.

The above has cured many cases and I use it altogether in preference to all other remedies.

Beardstown, Tenn. J. H. STANLEY, M. D.

Cannabis Indica as a Local Anæsthetic.

Mr. Editor:

The following may be of interest to the readers of THE WORLD, although it may not be new to them, as it was to me.

I had occasion a few days since to catheterize an unmarried lady, and on attempting to pass my finger for the purpose of locating the meatus, I found the labia and orifice of the vagina so sensitive that the lightest touch caused her to jump away. To overcome this I resorted to the application of the fluid extract of cannabis indica, which in a few moments so deadened the sensibility of the parts that I was able to pass the instrument without any pain to my patient whatever.

This use of the drug was new to me and I thought it might prove a useful hint to some of your readers.

Although up to this time silent, I have not been an indifferent reader of your valuable journal.

F. C. CLARK, M.D.

NORTH WATERFORD, Maine.

For Irritable Urethra and Bladder.

Editor MEDICAL WORLD:

Having had a personal experience similar to that of Dr. Lallerstedt, as stated in February number of WORLD, page 49, I felt constrained to mention the fact, and enlighten the medical mind by saying that after carrying around a urethral hader (urinal?) for six months, prompt relief and a veritable cure was effected by the external application of tr. veratrum viride along the course of the urethra.

THE WORLD supplies a "long felt want" to that historic individual, the "busy practitioner." F. G. SPENCER, M. D.

CHERRY VALLEY, O.

Treatment of Psoriasis.

Editor MEDICAL WORLD:

Dr. Mattner asks for a "reliable formula for treating psoriasis." Where there is a lowered condition of the assimilative functions dependent upon the strumous cachexia, a marked degree of improvement takes place under the administration of syrup of the iodide of iron, and cod liver oil. When there is any stomach and intestinal disorder present, this should be corrected by the administration of muriatic acid, bitter tonics, bismuth, etc., before commencing with the oil and iron. In chronic cases of the disease arsenic is the most reliable remedy. Where the lesions are not very extensive, one of the best local applications is the ointment of ammoniated mercury. A solution of the sulphide of potassium (℥ ss to fl℥ j) is an

excellent application in chronic psoriasis. After removing the scales with warm water, an ointment made with from twenty to sixty grains of chrysarobin to an ounce of lard, applied with a mop, night and morning, to the patches only, is sometimes very efficient. As it produces discoloration and inflammation of the skin, it should not be used upon the face. Oil of cajeput locally is also useful.

Dr. Mattner also asks for a "good application to stop the flow of milk when weaning a child." Do nothing to the breasts, but let them alone, and the milk will soon "dry up," nor will you be troubled with an abscess. It is claimed that belladonna has the power to arrest the secretion of milk. The gland may be enveloped by a belladonna plaster.

Vevay, Ind. ALBERT G. CRAIG, M. D.

High Temperature.

Editor MEDICAL WORLD:

In May number of WORLD is an article from the pen of J. T. McShane, M.D., entitled "Is Your Thermometer Correct?" He states that he has not seen a temperature of above 106½ degrees, and he has practiced medicine for 16 years.

I have used a thermometer made by Tieman, N. Y., I have seen that thermometer register 112° (one hundred and twelve degrees). That was in a case of scarlet fever of the anginose variety. *The patient recovered.*

I have seen a temperature of 112° F. in small pox, and *the patient died.* Wunderlich mentioned a case of scarlet fever of his own, where the temperature reached 110.3° F. He mentioned one case of erysipelas where the temperature was 107.6° F. He says that death in typhoid fever generally results at a temperature of from 106.6° to 109.4° F. He says that in one case in three the temperature reaches 106.52° F.; at 107.15° F. mercury is a rarity. He had one case of recovery as 107.825° F. Wunderlich also says that during the last hours of life temperature sometimes rises enormously —105.8°, 108.6°, 111.2° F.

Any physician who has eighty patients a day cannot afford to be a close observer.

N. H. CHURCH, M.D.

CHICAGO, 802 S. Halsted St.

How to Conduct a Miscarriage.

Editor MEDICAL WORLD:

Miscarriages are nearly all tedious, many lasting two or three days or longer. This keeps the attendant in a state of anxiety, and in danger of being called in a hurry, night or day, but especially at night. This is very annoying, especially if the patient is a long distance away. During the last ten years I have employed the following easy method in such cases, with the best results. When summoned to the great majority of cases, there have been pain and hemorrhage more or less. On examination, if the os has been sufficiently dilated, the trouble may be ended at once. This is rarely the case. The condition is far oftener in that uncertain state that we hardly know whether the miscarriage can be arrested or will go on until the fœtus is expelled. In either case I take a piece of muslin about a yard long and about four inches wide, and after lubricating it well with wet soap, I introduce it gradually into the vagina, except about an inch or so. I prescribe a grain of opium every two, three or four hours as required to allay pain, and make the patient lie down and keep quiet till my return. At the next visit I remove the tampon, and if the fœtus can be removed, all right; if not I repeat the process again, and so on about every twelve hours until either the miscarriage is arrested or the fœtus is expelled. The great danger in abortion is hemorrhage, and the tampon relieves all anxiety on that point. By this method the attendant is comparatively free, and the patient is secure from danger, no matter which way it may terminate.

R. FARRIES, M. D.

Lexington Ave, New York.

Prescribing Fornication.—Cerebro-Spinal Meningitis.

Dear Mr. Editor:

Will you permit an old physician and a man of the world to express a few thoughts about fornication? Viz: Fornication as pertaining to the female, and as pertaining to the male.

The female, as you say, has the advantage of her male relation in this: that her menses are some relief to the over-distended uterus and to the nervous system as well. Further than this she is taught that marriage is the only occupation her sex can embark in, and that, in order to make a fine match with Prince Prettyman, she must be as attractive and beautiful as possible, else Prince Prettyman will go elsewhere for a companion. Further than this, again, she is not thrown out to work for a living, has not as great temptations to contend with, and has not as fervent passions to keep in control. When married, she *submits* to embrace, partly as a matter of policy and partly because it is expected of her by her husband, but *seldom, very seldom*, because she is urged on by passion. The consequence is that young men, knowing these facts, seek, away from home, gratification of the sexual passions, and married men become the best customers, of the houses of prostitution, as any keeper of such

houses will inform you if you doubt it, only that these staid and quiet old sinners, these pillars of the church, don't boast about it, while the indiscreet young man often does. If you doubt this, come over to New York, and investigate through the police. Man is by nature aggressive, woman retiring; man hot, woman cold; man strongly animal, woman refined and æsthetic; the boy delights in fighting, the girl in the quiet of the home. The man has not the love of his kind as strong as the woman. The male of all animals will leave its young, while the female never does so. Lest I take up too much space I must summarize. The woman is quiet, refined, gentle and devoid of heated passions; the male just the reverse. One is actively aggressive, the other not so.

Physicians know what I write to be correct, and if a few recommend fornication, they do so knowing that it is of no use to try to prevent the inevitable, since young men—and old ones, too—will fornicate now just as they have always done. We cannot prevent the sin, but we can regulate it.

CERO SPINAL MENINGITIS AGAIN.

I am asked if I would use the ice-pack and opium and its preparations in this disease.

I would use ice in the two forms mentioned for two purposes:

1st. To allay fever.

2nd. To retard the blood-circulation.

I think congestion of the brain is due to excess of blood in the part affected. I would use ice for the purpose of retarding the congestion. I think cold has the power to contract the capillary vessels.

In reference to opiates, I would reply that as the disease is due to congestion, I should think opiates are contra indicated. We are taught in our New York colleges that opium congests the brain; that if it is given it augments cerebral disease. It has been stated that potassium bromide congests the brain, but it is generally recommended in all brain diseases with a few exceptions. The anodyne quality of opium may be indicated, but it is open to the objection mentioned. We are taught that it is a cerebral stimulant. I think it is not indicated, for why augment a mischief already severe enough? I do not pretend to question anyone's views, or "to sit in judgment" upon anyone's treatment, but only submit my views without remark.

To show how differently this matter is looked upon, I give extracts from a few authorities:—Phillips, in his Materia Medica, says, "Opium is indicated in all membranous inflammations." Phillips says in the same work, "Have seen tetanus result from its use."

Smith says, "Opium produces congestion of brain."

Hammond thinks better of the bromides, and so on, *ad infinitum*.

The homœopathic physician would (if honest) recommend opium in cerebro-spinal meningitis, since he would think to relieve the local congestion by continuing it by means of drugs, he would force the arteries, small and large, to do extra work, in the hope of washing out the extra blood. If honest, he would endeavor to compensate matters by retarding the heart's action, and by bleeding. How he could cure his patient is another matter. It may be good practice to force nature, but I should think not.

NEW YORK CITY. L. G. DOANE, M.D.

Determination of Sex.

Editor MEDICAL WORLD:

I have read with much interest an article in a recent journal from the pen of Dr. Wells, of California, on the above mentioned topic, in which he lays down the following rule: "The principle which we term animal magnetism, or something analagous to it, is necessary in some degree to conception, and the party having the greatest magnetic power at the instant of conception stamps the sex of the offspring, which will be that upon which the imagination of the party is most thoroughly fixed, viz: *the opposite*. This magnetic superiority is noticed in some by the ardor of the embrace; in others it is a natural or constitutional firmness of purpose." The author of the paper also states that he promulgated this doctrine some twenty years ago. I have little or no acquaintance with the literature of the subject. I have applied this rule of "superiority," in a broad and comprehensive sense, to many families of my acquaintance, and find that it holds good. This subject is certainly a most interesting one, and will not some brother who is familiar with the current theories in the matter, and who has access to some rich storehouse of medical literature give us his conclusions?

Wheatland, Texas. G. V. HALE, M. D. (Jeff.)

Malarial Hematuria—Diabetes.

Editor MEDICAL WORLD:

I would be pleased to receive something like a reliable course of treatment in malarial hematuria. All that I have is anything but satisfactory. I see in the *Monitor*, phenate of quinine spoken of for the arrest of the hemorrhage from the kidneys. I would like to hear more about it.

G. J. R., of Smithfield, N. C., makes an inquiry about rhus aromatica. He is answered in the April number, page 143. I will give you my experience. The baby girl of W. L.

P., of Tennessee, was stricken with diabetes. The girl was eighteen months old. I gave fld. ext. rhus aromatica in three drop doses three times per day. Under this treatment rapid improvement took place. At the end of four months the child was free from all trouble, and has remained so for three years.

Riverside, Texas. J. P. BARNETT, M. D.

[Was the above case one of diabetes mellitus or insipidus? The former is rare in infancy while the latter is not so rare.—Ed.]

For Diarrhœa.

Editor MEDICAL WORLD:

As the time for diarrhœa, dysentery, cholera-morbus, &c., is drawing nigh, allow me space in your valuable journal to give to the "poor country doctor" my treatment for the same. He may be disappointed very often in the collection of his bills, but he need never be afraid of being disappointed in restoring his patient to health, if he will only adopt this plan of treatment. I usually prepare the remedy in the following way:

℞. Sulph. mag.....℥viij
Pulv. kino.....℥j
Creta prep.....℥ij
Oil anisi.....gtt. l.

Triturate the prepared chalk and oil of anise well in a mortar and add the other ingredients, thoroughly mixing the whole together and put in a large mouth bottle and keep well stopped. For the lack of a better name I have called the above combination "Diarrhœa powders." Add a tablespoonful of the powders and a tablespoonful of camphorated tincture of opium to a glass of water and give a tablespoonful every one, two or three hours, according to urgency of case. I have used this combination with the happiest results, when every other remedy has failed me. The above dose is for adults. For cheapness and promptness of action it cannot be excelled. Brethren try it and be convinced.

Martin, Ga. T. H. LYON, M. D.

Treatment for Small-Pox.

Editor MEDICAL WORLD:

It seems to me that to do the greatest good to the greatest number is the motto of THE MEDICAL WORLD. I have a suggestion to make for the treatment of small-pox. Use the following formula:

℞ Mass pill hydrarg.....grs xij
Pulv. rad. colch.....grs xij
M. et. divide in pilulas vj. One to be taken every three hours, from six A. M. to nine P. M., to be followed next morning at six o'clock with the following:
℞ Sodæ sulphatis.....℥ ij
Aquæ.....℥ij
Mix and take at one dose.

Commence again at ten A. M. with the same pills at the same intervals until five are taken. In the incipient stage the hardness will disappear from the eruption in twelve hours, and in the advance stage the intense itching will decline in twenty-four hours, and the disease soon subside. The above quantities are for an adult. Give milk diet and gruel. If these directions are followed to the letter good results may be expected.

St. Martinsville, La. FRED. W. HART, M. D.

What "The World" Does.

Editor MEDICAL WORLD:

Please withdraw my advertisement of "Wanted: A physician," etc. I am overwhelmed with correspondence on the subject, and the place is now filled.

Hawarden, Iowa. W. A. QUIGLEY, M. D.

A Case of Uræmic Convulsions.

Editor MEDICAL WORLD:

I was called to the following case in haste, and on my arrival found a woman in the sixth or seventh month of pregnancy, who had had two convulsions, the friends and husband being very much alarmed. As I was not at home when they came for me, and not knowing whether I would come or not, they sent for Dr. Webb, of Haysville, N. C. I arrived there first and found the patient very plethoric, with a full strong pulse, and very fleshy. She had felt the child move the same night, before she was taken down. She complained of a dizziness before her eyes, with head-ache. She had some dropsical swelling, legs had bursted, bowels irregular, urine scanty and, we were informed, thick and of a yellowish color. She had some fever with severe vomiting. I gave her of bromide of potassium, about fifteen grains, but very soon she vomited it up. I then gave her calomel to check the vomiting and operate on the bowels, which it seemed to do very well.

Very soon she had another convulsion, in which her face turned to a purple color, the pupils of her eyes were dilated, the inferior maxillary was drawn to one side by the spasmodic action of the muscles of the neck, with foaming at the mouth, biting the tongue and stertorous and sonorous breathing. After the fit she would lie for some half an hour with this breathing, unconscious, as if she were in a state of coma. She could hardly talk loud enough to be understood. It was for some time before I could get her to take any thing, neither would she submit to an examination. But while in an unconscious condition I made an examination, and found all right. She had about seven or eight convulsions before we could arrest them. Treatment agreed upon

was to resort to general blood letting, administer chloroform or sulpuric ether by inhalation during each convulsion, and give internally:

Bromide of potassium..... oz ½
Tinct. digitalis..... drops 80
Water..... pt. 1

Mix and take one to two tablespoonfuls every three or four hours.

We gave her during the time twenty grains of chloral hydrate.

It was about night when we commenced the treatment, and about daylight the convulsions ceased. It could have been done much earlier if we could have gotten her to take the remedies. She would act maniacal, get up in bed and walk about as if she would get out, but would not, and would attempt to strike those around her. I got her under the influence of the bromide of potassium, and maintaining this condition the convulsions did not return, though she was many times threatened. I added some of the fluid extract of colchicum to the prescription after the fits had ceased. In about four days after I received a call to be with her again. She was in labor but the pains were very weak. The os tince had begun to dilate. I satisfied myself that the fœtus was dead. It had not been known to move since the convulsions, so I administered about one drachm of the fluid extract of ergot, and delivered her of a dead fœtus, breech presentation, with a return of the convulsions. She has never given birth to a living child, but aborted once before. She had been dropsical and the urine was albuminous some time before she was taken down.

Hiawassee, Ga. S. M. KIMSEY, M. D.

For Corns and Warts.

Editor MEDICAL WORLD:

I think if Dr. G. M. Faskett will give the following formula for corns a fair trial that it will give satisfaction:

Take of

Salicylic acid.....30 parts
Ext cannabis indica.....5 "
Flexible collod on.....240 "

Mix and apply with camel hair pencil every third evening on retiring. Repeat as often as necessary.

A gradual softening of the corn and almost immediate relief of pain will be the result.

Musson, La. A. W. TUFTS.

For Corns and Warts.

Editor MEDICAL WORLD:

Dr. G. M. Faskett, North Dana, Mass., asks for treatment for corns and warts. If he will prepare and use the following, he will be happy:

℞ Cannabis indicæ.....grs. v
Acid salicylici..... grs. xxx
Collodion.....f. ʒ iv
M. Sig.—For corns, apply twice a day for four or five days, then soak the foot in warm water and remove the plaster, and continue the remedies again as before until perfectly cured. For warts, apply once a day and trim off the dead skin occasionally; in from two to three weeks he will have no warts and no soreness from the application. Give this a trial and report.

Mound City, Mo. J. V. HINCHMAN, M. D.

Editor MEDICAL WORLD:

The patient of the Case for Diagnosis, (May No., page 179), did not not rally from the comatose state on March 22d, but died at 9 A. M. same day.

I have a case of climacteric menorrhagia in a well nourished lady, forty-five years of age, with no displacement or uterine tumor. The remedies laid down in the text books for this trouble seem of little value. Will some brother successful in female diseases give treatment?

Roxbury, Conn. L. J. PONS, M. D.

(For THE WORLD.)

"Prescribing Fornication."

[By I. G. M. Goss, of Marietta, Ga.]

This abominable, unwarrantable, and unscientific advice of physicians to young men, to indulge their amativeness for health, cannot be too severely condemned. I am glad to say that only a few very ignorant pretenders in medicine give this advice to young men. The scientific, and conscientious physician does not give any such fatal advice to young men. I agree with the Editor of THE MEDICAL WORLD, in the fact that sexual feeling differs in different men and women. And much of this difference has proceeded from early surroundings and associations, together with the early training. The expenditure of vitality in sexual indulgence, to say the least of it, is to lessen that vitality instead of increasing it. It may be true that at a proper age, the limited indulgence in a lawful way may be considered "physiological." As proof of the destructive effects of early and excessive indulgence of the sexual instinct, we have but to look at the sad pictures that meet us every day along our professional path.

Self-pollution, or masturbation, is prevalent among children and youths, and even adults of both sexes. The amativeness of children is stimulated in various ways; as the perusal of popular romances; excessive diet; condiments; association of the sexes improperly; and other improper habits allowed children and youths all lead to those indulgences which soon exhaust the fountain of nerve vitality. This excessive amativeness may also be transmitted from parents to children, as many other morbid appetites are. A morbid impress may be stamped thus upon the offspring by the excessive indulgence of the parents. At the age of

eight or ten years the child, while it is fed upon highly seasoned meats and drinks, is also allowed to read yellow-back novels, filled with exciting romances, which stimulate passion to the very highest degree. It is not strange then that so many children, male and female, soon learn to indulge the prevalent vice of self pollution. My opinion is that one of the great causes of consumption and insanity is the deleterious effects of the great drain upon the vital system by this growing vice.

The sexual question is a difficult one indeed, as the Editor of THE MEDICAL WORLD says.

Treatment for Rheumatism, Scarlatina and Diphtheria.

Dear WORLD:

In March number, page 99, treatment is asked, for a number of diseases. Allow me to contribute the following:

In acute rheumatism I usually prescribe (I have no use for tinctures; I use fluid extracts altogether):

℞ Fl. ex cimicifugæ racemos.....gtt. xx
Fl. ex. aconiti.....gtt. xv
Syr. simplicis.....f℥ j
Aquæ dest. ad.....f℥ vj
S.—Take teaspoonful every two hours.

This will not cure every case, but at least will cure, some seasons, eight out of ten cases.

Chronic Rheumatism.—Three years ago last March a man came to me who had had this terrible disease incessantly for eighteen months, until his joints were so swollen that he could not walk one step; he was brought upon a bed. I made an examination, and will here say that it was the worse case of rheumatism I ever saw. Of course he had been treated by many doctors, and had taken nearly everything. His very smell was ammoniacal. I prescribed about half drachm of nitric acid in half pint of distilled water, or make it as tart as cider vinegar. I sent him home and told him to take a teaspoonful of this every hour, and when all was taken to come back. In less than two weeks he walked from his home to my office with but one staff. In four weeks from the time I first saw him he was well, and a more thankful man I never saw.

My treatment for scarlatina, if a case of anginosa, is as follows:

I commence by giving the patient a sweat; I then grease with fresh lard all over, then roll the patient in a sheet, or woollen blanket is better, keeping the room almost as warm as possible. Let the patient remain in bed from one to three hours; by this time I find my patient about as spotted as they ever get. Do not take him out of the sheet or blanket until all the grease is absorbed. I now put my patient upon:

℞ Fl. ex. baptisiæ tinctoriæ.....f℥ iij
Fl. ex. belladonnæ.....gtt xij
Fl. ex. aconit.....gtt. xjv
Syr simplicis.....f℥ ij
Genevæ (Hol.) ad.....f℥ vj
S.—Take a teaspoonful every two hours.
Also
℞ Sulph. quiniæ.....gr. xl
Sulph. cupri.....gr. ij
Mix and divide into fifteen capsules.
Dose.—Take one every three hours.

I give no stimulants, but I give plenty of new milk. I had, one year ago last winter, between thirty-five and forty-five cases, all successfully treated without the loss of one. Something over or about two-thirds of this number was of the simple variety, and were treated without the bath or lard; those of the anginose variety were treated with the lard, etc.

Diphtheria.—To take up this disease and give treatment without giving at least a brief history of its causes, pathology, symptoms, diagnos and prognosis, and only give treatment, is very much like a man trying to change shirts without first laying off his coat and vest. We are all aware that it is a specific animal poison; though how generated we are as yet unable to say. It prevails as an endemic or epidemic disease. There seems, sometimes, to be a very close relationship between diphtheria and scarlatina; in very many cases of diphtheria an eruption not unlike scarlatina eruption occurs. To say the least, these two diseases are twin demons. As soon as I find I have a case of diphtheria I prescribe:

℞ Fl. ex. baptisiæ tinctoriæ.....f℥ iij
Fl. ex. aconite.....gtt. x
Sulph. quiniæ.....gr. xl
Acidi sulph. arom.....q. s. solv. quin
Syrupi simplicis.....f℥ ℥jss
Fl. ex. glycyrrhizæ.....f℥ iij
Aquæ. dest. ad.....℥ vj
Sig.—Take one-half to one teaspoonful every two hours, depending on the age of the patient.

I then prepare equal parts of oil of turpentine and oil of eucalyptus for the atomizer; with this combination I spray the throat of my patient every half hour. In this way I keep the membrane from forming; it will do more than nitric acid; the former will dissolve the membrane, and the latter will harden it. I never purge my patient until convalescence, for it cannot be done without depletion; the object is to maintain the strength of the patient. When the disease changes for the better I put my patient on elixir iodo-bromide of calcium compound.

Diet.—Milk, eggs, and brandy from first to last. I have not lost a patient with this treatment, which is very different from our old way of treating diphtheria.

F. A. JOHNSTON, M. D.
153 S. 1st St., Portland, Oregon.

Peculiarities in the Manufacture of

JENSEN'S CRYSTAL PEPSIN,

NATURE OF THE IMITATIONS, ETC.

The champion Pepsin of the world. The only Pepsin found worthy to be imitated. Even the wealthiest manufacturing chemists could not resist the temptation.

One party used glue as a cheapening adulterant for the production of scale Pepsin; another party has now succeeded in flooding the market with their imitations of my scale Pepsin owing to its extreme cheapness. This party now declares (not to the professon), that they use 60 pounds of dry egg albumen, peptonized by 200 hogs' stomachs; a third party wrap their imitations in an exact *fac-simile* of my circular making full use of all my testimonials. The great injury these imitations cause my preparations can easily be understood.

The protection chiefly relied upon is through the profession's vigilance in discriminating between the genuine and the spurious article. When prescribing my Pepsin most physicians now underline my name, thus JENSEN'S Crystal Pepsin, and no misconception can excuse substitutions. The great reputation of this Pepsin lies in that it is a Peptone Pepsin, *i. e.*, the texture of the stomachs in which the ferment is lodged is entirely dissolved, thereby obtaining all the Pepsin, when thereto is added my recent improvement in precipitating from this solution all of the earthy and saline matter, leaving only the azotized constituent, containing all the peptic principle; and, finally, is further concentrated by drying it upon glass plates until brittle scales are formed, the reason for its high digestive power can easily be understood. Why it surpasses also in keeping qualities all of the former Pepsins, is owing to its scaly and brittle texture, it being the only organic medicine in the materia medica produced for the market in scales. It is also perfectly soluble upon the tongue, pleasant to the taste and practically inodorous.

Although it commands a higher price than any other Pepsin in the market, it is, nevertheless, the most prescribed. Its purity and solubility, combined with its great digestive power upon albuminoids have inspired physicians of a suggestive minds to try it also as a solvent for diphtheritic membranes and coagulated blood in the bladder. The success also of these novel uses, has already become generally known to the profession all over the world. Physicians writing for samples, receive prompt returns.

Dr. Hollman (*Nederl. Weekbl.*, 18, p. 272) reports the case of an old man, aged 80 years, suffering from retention of urine, in whom the introduction of a catheter failed to produce the desired result. It was found that the bladder contained coagulated albuminoid masses mixed with blood. A few hours after the injection of about 16 grains of Dr. Jensen's Pepsin dissolved in water, a large amount of a dark, vicid, fetid fluid, readily escaped by the catheter.—*London Medical Record.*

Dr. Edwin Rosenthal, acting on the suggestion of Dr. L. Wolff, has used an acidulated concentrated solution of pepsin as an application to the membranes of diphtheritic patients, for which there seemed to be no other help than tracheotomy, and reports that it acted like a charm, dissolving the membranes, admitting a free aeration of the blood, and placing them soon on the road to convalescence. The solution he used was:

℞ Jensen's Pepsin.....3 j
Acidi Hydrochlorici, C. P.....gtt xx
Aquæ q. s. ft.....fl ℥ j
M. S.—Apply copiously every hour with a throat-mop.
—*From the Medical Bulletin.*

FORMULA FOR WINE OF PEPSIN:

℞ Carl Jensen's Pepsin.....gr 192
Sherry of port wine.....℥ viss
Glycerini puris.....℥ iss
Acid Tartaric.....gr v
Sig.—f ℥ j after meals This is three grains of the pepsin in each teaspoonful.

For severe attacks of colic it has afforded present relief, after a few doses have been given in short intervals, when other remedies have failed.

CARL L. JENSEN,

Home Office, No. 2039 Green Street,

PHILADELPHIA.

KIDDER'S CRUST PEPSIN

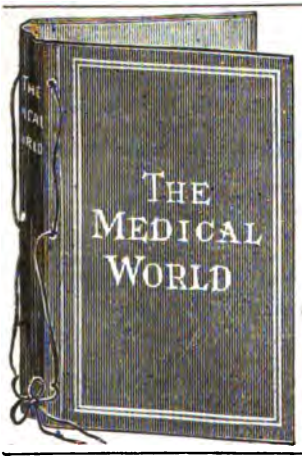
—(PURE.)—

This concentrated animal ferment, prepared by a new process, possesses superior digestive power, is unalterable, and guaranteed free from sugar of milk, salt, acids, or other adulterants.

One grain will dissolve 1200 to 1500 grains of coagulated egg albumen.

FOR SACCHARATED PEPSIN, U. S. P., 1880.
Powdered Crust Pepsin, 1 part. Powdered Sugar of Milk, 19 parts.

WM. F. KIDDER & CO.,
MANUFACTURING CHEMISTS,
NEW YORK.



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(A few "Ready Binders" left; ten cents each. See adv. in March number.)

Bear in mind that we can supply back numbers to January.

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A NEW BASE FOR OINTMENTS AND SALVES.

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Beware of a crude woolfat of bad odor and of a dark color sold as Lanolin, and under similar names.

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Dr. KNORR'S ANTIPYRINE,
The New Febrifuge.

URETHAN,
The New Hypnotic.

—SEND FOR CIRCULAR.—

Criticisms.

Editor MEDICAL WORLD:

Every number of your invaluable journal contains articles and queries which ought to elicit comments and replies from many more of its readers, though the contributions to each and every number are sufficiently numerous. The criticisms and answers which I have to present refer only to the issue of May, and, I trust, will be accepted as emanating in a spirit of brotherly love.

The death rate of scarlatina (4 in 6co), in the practice of Dr. Farries, is beyond my credulity. It can not be that he should have met so few malignant cases over which we have (to say the least) *very little control*, although his treatment is by no manner of means to be condemned.

I dare say the patients obtained through the church or similar organizations by brother Harman will not be abiding; but on the contrary because of their ability to associate with him, they will only think the less of him professionally; and, if an unusual circumstance transpires, off they go for him whom they know as a physician only. Then too, all the physicians who, to my knowledge, reported their cases to other than reputable medical periodicals, did not feel able to place their cases before the scrutiny of the profession, and consequently lacked other requirements to succeed in a general practice. Such a proceedure too, would be quackery, *i. e.* the advertising recommended by Dr. H. I hope he does not practice all his precepts.

[Did you not understand this part of Dr. Harman's article to be ironical?—Ed.]

Since nearly all cases of typhoid fever are accompanied at some time by a low muttering delirium, (I say accompanied, for it is so constant that it constitutes a symptom, and therefore not justified to call it a complication) and yet Dr. Cline would have us believe that he "never had a delirious fever patient." Behold! Fellow practitioners, in me you find a doubting Thomas as to the correctness of Dr. C's. diagnosis. There are few practitioners today who prescribe as much opium in pneumonia or typhoid as is contained in Dover's powder, except for positive indications, which Dr. C. blames for the delirium of fevers, and yet, behold again, prescribes it himself evidently habitually.

The habitual use of aconite as an antipyretic in typhoid is to be condemned, in the face of Dr. C's. statistics. It hastens cardiac failure due to granular degeneration. *Any* man who treats a large number of cases of genuine typhoid fever, will necessarily find it occasionally complicated with other diseases. Suppose Dr. C. had a case of typhoid (genuine) preceded by remitting fever, in a woman pregnant four months, and abortion and death followed the third week of the fever, to what would he attribute death? I should like to know, too, if he gives only grain doses of quinine with dram doses of turpentine. If Dr. C's. specific medication proves universally successful, I am sure many more are anxious to know what his patients die of.

To my knowledge no one does "disagree" so radically with the books on cerebro-spinal meningitis as does Dr. Doane. The world-renowned Dr. Flint never advanced a new theory in therapeutics unless he could prove it by statistics. Doctor, how about the latter in your case?

No wonder Dr. Thomson's case of obstetrics was "tedious and laborious." I prefer to put my subjects for "dissection" upon a table as more convenient. Operate, we have to, often under great inconvenience. As nothing is stated concerning the condition of the bony pelvis, nor the soft parts, except that of a rigid os uteri, it would be ridiculous for anyone to discuss treatment at length. However, if the undilatable os was the only obstruction to delivery, why not make numerous small incisions in its margins instead of "dissection," and deliver a live baby by the natural channels? Very likely his "dissection" was more serious to the woman than such incisions. *We need greater accuracy, brethren*, in reporting cases.

Other articles need "hauling over the coals" but others may do so in an abler manner than I could. I repeat, the above was not written with a fault-finding disposition, though with much skepticism in medicine.

Kreamer, Pa. J. W. SEIP, M. D.

[Criticisms are very good things, doctor, but we hope that *you* will give us some "*accurate*" articles in the near future. They will doubtless be anxiously looked for by the above criticised gentlemen.—Ed.]

Aid Desired.

Editor MEDICAL WORLD:

Feeling a personal interest in the following case (I being the patient), I would fraternally ask of the brotherhood to give me their opinion of the cause of existing trouble and the treatment that will posssbly give relief, if not permanent cure.

In September, 1872, I was thrown from a railroad car, the train starting as I was getting on. Falling on the steps I was thrown off, the next car striking me at the upper third of the left thigh with such force that I was not aware of any injury until I was picked up by friends.

The slightest movement caused the most excruciating pain. I was placed in the car, and Drs. Bullock and Dilks being on the train attended me. They found that the ligamentum teres had been torn asunder, and the head of the femur forced through the cotyloid ligament and was resting on the pubis. My leg was placed in a box extending from the body, and in this position I remained for two weeks, Dr. Bullock attending me daily; the least effort to reduce it gave such pain that I could not bear it. Finally nature did the work for me by the contraction of some and the relaxation of other muscles, and the bone slipped in place with a noise equal to dropping a large bullet on the floor. For four months I was helpless, and took fifteen grains of sulphate of morphia daily, to relieve pain. Finally I was able to get out with crutches, then with a cane resumed my practice, being able to ride on horseback with but little pain. Frequently, however, the head of the femur would slip out of the socket; then I would fall, turn over, reduce it, and get up, suffering but little pain. Sometimes the joint would seemingly get loose, and every step would produce a thud-like sound, so audible that any one walking with me would notice it. For some time on attempting to rise I would feel as if my leg were as cold as ice, and I was not able to move it by the power of the will. On attempting to do so, with the aid of other parts, it felt as if the bones, muscles and tendons from about the middle of the leg to the upper insertion of the muscles of the thigh were so contracted that the leg could not be moved without giving great pain. I never have any warning of the pain until I move the leg. I do not even know that anything is wrong until I attempt to get up, then the leg feels as if it were a shaft of ice, and all the muscles, tendons and nerves feel just as if they had been twisted hard and had doubled up in knots or kinks.

In conclusion I would further state that I cannot raise my left foot to reach the stirrup, and if I could do so I would not be able to raise myself up, as when the leg is raised or flexed I lose all use of it. I hope some brother will be able to help me by a reply in THE MEDICAL WORLD.

Big Valley, Texas. A. H. WILSON, M. D.

Errata.

In May number, page 177, case 1st, of Dr. Addison's article on "Treatment of Cases," should read "typhlitis" instead of "syphilis."

The article on the tongue on page 170, May number, is by Dr. C. Coleman *Benson*, instead of *Benton*, as the types had it.

Quiz Column.

Questions are solicited for this Column. Communications not accompanied by the proper name and address of the writer (not necessarily for publication), will not be noticed.

Editor MEDICAL WORLD:

Can your readers give any certain remedy for gonorrhœal rheumatism? I have thought iodide of potassium beneficial, but am in doubt.

C. B. HUTCHINS, M. D.

San Francisco, Cal.

Editor MEDICAL WORLD:

I was called to see a lady who was taking Dr. H. W. Comstock's "Tokolin" for the opium habit. It is put up by the "Humane Remedy Co.," Lafayette, Ind. You will do me a great favor by publishing what it is composed of.

I would like to hear the prescription just as put up, as I believe the charges are very extravagant.

Clay, Ky. W. I. MOORE.

[We do not know the composition of the above. Will publish if reliably informed. Price very probaby extravagant, and judging from other secret remedies for opium habit, it is probably worthless.—ED.]

Editor MEDICAL WORLD:

I would like to ask Dr. W. S. Cline whether or not he uses stimulants in typhoid, also the dose of quinine which he uses in fever cases. His success is certainly exceptional. The May number of THE WORLD is chuck full of good things.

Peth, Ontario. J. F. KELLAR, M. D.

Editor MEDICAL WORLD:

Please give the formula of Swaine's Pile Ointment and oblige,

Peru, Ind. J. F. RENNERT, M. D.

Editor MEDICAL WORLD:

Will you, or some of your readers, offer a palatable and simple form for the administration of the tincture of the muriate of iron?

SUBSCRIBER.

Editor MEDICAL WORLD:

Please give formula for making permanganate of potash into pills.

Madrid, Iowa. I. A. STURGEON, M.D.

[Some inorganic material, as Fuller's earth, must be used as an excipient, as the decomposition of the drug takes place in the presence of organic matter. Wm. R. Warner & Co's permanganate of potash pills are first made with an inorganic excipient, and coated with sugar afterward. They are considered very reliable. —ED.]

Editor MEDICAL WORLD:

Can any of your readers give me the formula for "Bumstead's Worm Syrup," prepared by C. A. Voorhees, M. D., of Easton, Pa.? Also of Dr. August Kuening's Hamburg Drops?

Marathon, Wis. A. KESSNER, M. D.

[For Hamburg Drops see May number.—Ed.]

Editor MEDICAL WORLD:

I should like the experience of your readers as to the treatment of obstinate chronic eczema. Arsenic in all its forms has failed to give relief when given through the stomach. Have any of you tried arsenic hypodermically or as a lotion? GEORGE E. FRAZIER.

Caldwell, Ohio.

Editor MEDICAL WORLD:

Will some of the readers of the WORLD give the formula for "Hare's Asthma Cure?" The WORLD is a perfect compendium of aids in practice.

Canada. M., M. D.

Please give formula for Espey's cream for catarrh; also best treatment for cold in the head and chronic catarrh. O. T. P.

FORMULÆ.

An Active Cathartic.

℞ Oleum tiglii.....gtts ij
Spts. ætheris.....ʒ ss

Twenty drops in a little water. Said to be safe and sure It is used at Bellevue Hospital in New York city.

Lafayette Mixture.—This name has been applied to the following formula for a

COMPOUND MIXTURE OF COPAIBA.

℞. Copaibæ.....ʒ j.
Liq. potassæ.....fl ʒ ij
Spir. æth. nitrosi.....fl ʒ j
Spir. lavand. comp.....fl ʒ ij
Syr. acaciæ.....fl ʒ iv.

M. SIG.—A tablespoonful three times a day in gonorrhœa. In compounding, first rub together the copaiba and the solution of potassa, then add the other ingredients.—*Druggist's Circular.*

White Mixture.

An aperient draught. University College Hospital, London.

℞ Magnes. sulph.....ʒ j.
Magnes. carb.....ʒ j.
Aquæ menth. pip.....ʒ j.

M.—Take at one dose. Repeat one, two, or three times daily, as required.

Chlorodyne.

Chloroform	oz.	4
Ether	oz.	5
Hydrochlorate of morphia	grs.	8
Oil of peppermint	min's	16
Alcohol	oz.	4
Hydrocyanic acid, dilute	oz.	2
Molasses	oz.	4
Powdered ext. of licorice	oz.	2½
Syrup	oz.	18½

Dissolve the morphia and oil of peppermint in the alcohol, and mix the chloroform and ether with the solution. Mix the licorice with the syrup and add the molasses. Shake these two mixtures well together and add the acid, shaking well again. Dose, five to ten or twenty drops. Shake before using.

Milk of Magnesia.

A stable mixture is produced, according to E. Dieterich, in *Pharm. Centralh.*, by triturating

Calcined Water..... 10 parts
with
Distilled Water.....100 "
and mixing with
Glycerin..... 40 "

American Pharmacist.

[Some months ago we were requested by many to republish the patent medicine formulæ that had been published in our columns from time to time. Since January we have been giving several columns to this. With the following formulæ our promise is fulfilled. Hereafter we will not give so much space to this subject, but will, upon request, publish formulæ regarding which we can get reliable information. Formulæ may continue to be asked for in "Quiz Column," and all are requested to aid us in supplying the same.]

Cuticura Resolvent.

Take of

Socotrine aloes	ʒ	1
Powdered rhubarb	ʒ	1
Iodide of potassium	grs.	36
Whiskey	O	1

Macerate over night, and filter.

—*National Druggist.*

Ayer's Sarsaparilla.

Take of

Alcohol	fl.-oz.	3
Fluid extract of sarsaparilla	fl.-oz.	3
Fluid extract of stillingia	fl.-oz.	3
Fluid extract of yellow dock	fl.-oz.	2
Fluid extract of podophyllum	fl.-oz.	2
Sugar	oz.	1
Iodide of potassium	grs.	90
Iodide of iron	grs.	10

Mix.

Dr. Pierce's Favorite Prescription.

(HAGAR.)

Take of

Savin	grams	10
Agaric	"	5
Cinnamon	"	5
Peruvian bark	"	10

Make a decoction of 220 grains and add

Gum-Arabic	grams	10
Sugar	"	5
Tincture of digitalis	"	2
Tincture of opium	"	2
Oil of anise	drops	8

The gum, sugar and oil to be dissolved in 45 grams of alcohol.

One gram equals 15½ grains.

Seven Barks.

Take of

Extract of hydrangea	lb.	1
" poke root	lbs.	12
" Cuvier's root	lbs.	12
" dandelion	lbs	12
" lady slipper	lbs.	12
" colycynth	lbs.	12
" blood root	lbs.	6
" blue flag	lbs.	6
" stone root	lbs.	6¾
" golden seal	lbs.	7½
" mandrake	lbs.	24
" black cohosh	lbs.	24
" butternut	lbs.	48
Spirits of sea salt	lbs.	14½
Aloes	lbs.	10
Borate of sodium	lbs.	15
Infusion of capsicum	lbs.	4½
Powdered sassafras	lbs.	11
Ginger	lbs.	6
Sugar-house syrup	gal.	40
Water sufficient to make	gal.	98

—E. H. Greely, of Manhattan, Kan., in *National Druggist*.

[The above is a good example of a shot-gun prescription.—ED.]

Day's Kidney Pad.

Take of

Black cohosh	1 ounce
Gum benzoin, powdered	1 "
Gum guaiacum, powdered	1 "
Juniper berries	1 "
Queen of the meadow	1 "
Digitalis leaves	2 "
Oil of Juniper	1½ "

Grind the drugs to a moderately fine powder, and mix with the oils and gums. Make an oblong pad to wear over the kidneys. Said to be useful in kidney complaints.

—*Kilner's Modern Pharmacy.*

Angostura Bitters.

Take of

Angostura bark	oz.	4
Chamomile flowers	oz.	1
Cardamon seeds	oz.	½
Cinnamon bark	oz.	½
Orange peel	oz.	1
Raisins	lb.	1
Proof spirits	gal.	2½

Macerate for a month, press and filter.

Sanford's Catarrh Cure.

Mr. D. S. Sager, of Brantford, Ont., writes to the *American Druggist* that this nostrum, if made at the present time as it was about three years ago, (and he thinks this is the case,) consists of a *distilled extract of witch hazel and glycerine*. A mixture of these produces an exact counterpart of the "cure." The precise proportions were not determined.

For Neuralgia.

℞ Tinct. aconiti ..... ♏ viij
Tinct. gelsemii ..... ♏ xij
Ext. cimicifugæ fl ..... ℥ iss
Spts. etheris comp ..... ℥ ss
M. Sig. One teaspoonful every hour.

Tonic Mixture.

Quinia sulphatis	℥ ss
Tinct. ferri chlor	℥ iss
Acidi phosphorici dilut	℥ j
Tinct. ignatiæ	℥ ij
Vini portense	℥ iv

M. Sig. Two teaspoonfuls in water half an hour before meals.

Sedative for Teething.

The following is recommended by Dr. Bouchut, of Paris, for use in painful dentition:

Cocaine muriate	1 part
Sodium boriate	1 "
Syrup of marshmallows	20 parts
Syrup of poppies	10 "

M. Rub the gums gently with the syrup four times a day.

"KASKINE," a nostrum vaunted a few months ago as a substitute for quinine, has turned out to be granular sugar—"only that and nothing more."

The ointment known as Morehead's Magnetic Ointment or Plaster is made up of tar and extract of belladonna, equal parts.

Superiority Maintained.

The testimony as to the value of pepsin is overwhelming. Flint says: "The principle on which it is employed, viz., to supply a deficient element to the gastric juice entitles it to be considered as a remedy of the highest value, and experience accords it the same position." Cummins says he has seen so many apparently hopeless cases in infants recover under its use, that he never recommends a wet nurse, but relies on artificial food, the digestion of which is aided with pepsin. On the other hand, there are physicians not a few who have almost given over its use, since they are unable to attain any benefit from it. The difficulty is they have employed only the worthless imitations with which the country is flooded. To such we cordially commend Jensen's Crystal Pepsin in all cases of imperfect digestion, debility, etc. We speak from personal experience when we say that

(*Continued Over Next Leaf.*)

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TO PHYSICIANS ONLY.

WM. R. WARNER & Co.'s experience of twenty-eight years affords perfection and excellence in Pill making. Their Pills have stood the test for over a quarter of a century, and are kept by all leading druggists. The following special formulæ are worthy of attention:

Pil. Permanganate of Potash.

(EACH CONTAINING TWO GRAINS.) (WARNER & CO.'S.)

The Medical Profession have recently had their attention called to the successful use of Permanganate of Potash as an emmenagogue, and we have so far succeeded as to present it in pill form without decomposition, as will be seen by the development of a dark red colored solution when the pill is first dissolved in water. In this way an advantage over all other methods of administering Permanganate of Potash is gained.

(WARNER & CO.'S.)

Pil. Antidyspeptic.

Containing

Pulv. Ipecac	⅔ gr.
Pulv. Piper Nig.	1½ gr.
Strychnine	1-20 gr.
Ext. Gentian.	1 gr.

The above combination is one of Dr. Fothergill's recipes for indigestion, and has been found very serviceable. In some forms of dyspepsia it may be necessary to give a few doses, say one pill three times a day, of Warner's Pil. Anti-constipation.

(WARNER & CO.'S.)

Pil. Lady Webster.

Lady Webster Dinner Pills. This is an excellent combination, officinally designated as Aloes and Mastich, U. S. P. We take very great pleasure in asking physicians to prescribe them more liberally, as they are very excellent as an aperient for persons of full habit or gouty tendency when given in doses of one pill after dinner.

(WARNER & CO.'S.)

Pil. Ferri Iodide.

(ONE GRAIN IN EACH.)

The dose of Iodide Iron Pills is from ONE to TWO at meal-times, is recommended and successfully used in the treatment of

Pulmonary Phthisis or Consumption. Anæmia and Chlorosis.
Caries and Scrofulous Abscesses. Loss of Appetite, Dyspepsia, etc.

In cases where Iodide of Iron is prescribed, it is absolutely necessary for the physician who relies on the therapeutic action for beneficial results, that the compound should be perfectly protected, and so prepared as to remain inalterable.

With this important fact in view, we have devoted special study to Iodide of Iron in pilular form, and are warranted in announcing that WARNER & CO.'S IODIDE OF IRON PILLS meet all requirements, being the most perfect preparation of the kind.

WM. R. WARNER & CO.,

Manufacturing Chemists,

PHILADELPHIA. NEW YORK. LONDON.

its use is most satisfactory. Unfortuna ely it has been grossly counterfeited, but that is really but another testimonial to its worth. Its purity and solubility and its great solvent power upon albuminoids inspired physicians to try it as a solvent for diptheritic membrane, and also coagulated blood in the blad ler, in both instances with decided effect. We have also known of its being injected into the substance of malignant growths, which could not be extirpated, with the apparent result of greatly retarding their growth. It is without the usual odor and taste of pepsin, which is so offensive to many, and beside the usual form is put up in tablets containing each two and a half grains. We find these an admirable form for its administration.—*Mass. Medical Journal.*

SEE Poland Water adv.

SEE Hawley Syringe adv.

BARRY'S thermometer to you for $1.25.

BE sure to send for sample of Dr. Rabuteau's Dragee's. See adv.

SEND to Grainlet Co., 119 West St., N. Y., for a sample of Grainlet.

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HAVE you tested Lactated Food yet? If not, do so without delay. See adv.

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SEE how many new advs. you can find in this number, and see how much you can be benefited by their perusal.

A handsome book on electricity will be sent to you free, if you send to McIntosh Battery Co., 300 Dearborn St., Chicago.

WRITE (inclosing stamp) to Dr. C. L. Mitchell, 1016 Cherry St., Philadelphia, for a sample of Coca-Bola and a valuable reprint.

FOR four cents to pay postage, a sample box of Anderson's vaginal capsules will be sent to you. Address Hall & Bailey, Cincinnati, O.

IF you send to Thurber, Whyland & Co., 116 Reade St., N. Y., you can get a sample of Natrolithic Salts free, by stating your opioion of this journal.

REMEMBER that a half-pint bottle of Peacock's Bromides or Fucus Marina will be sent to you free for trial if you will pay expressage, and give your opinion of this journal.

EMERSON'S ALBUMINOID FOOD is the latest food announced. Send to Emerson M'f'g Co, 43 Park Place, New York, for free sample and pamphlet, and mention what you think of this journal.

ALWAYS send to Wm. R. Warner & Co. for pocket visiting records, formulæ books, prescription blanks, and samples of pills, parvules, ingluvin, etc., all free if you express your opinion of this journal.

SEND for Farmville Lithia Water pamphlet, Wallian Oxygen price-list, Western Suppository Co. book of formulæ, Keith's Revised Manual, Lanolin circular, Electrical catalogues and circulars (see advs.), Beseler Oxygen circular, Staufer's catalogue, Breitenbach's circular, Lutz & Co.'s circular.

Now is the time to test baby foods; samples of the following will be sent to you free, if you state how you like this journal: "Babysup," 80 St. John St., N. Y.; Nestle's Food, 18 College Place, N. Y.; Harlick's Food, Racine, Wis.; Mellin's Food, 40 Central Wharf, Boston, Mass.; Ridge's Food, Palmer, Mass.

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SEND for sample of Ominico, Jensen's Pepsin, Kidder's Crust Pepsin, New Era Coffee, Iron-Dyed Silk, Lactopeptine, Scott's Emulsion, Magee's Emulsion, Rio Chemical Co.'s preparations (see conditions), also Maltine and its preparations (see last month), Reed & Carmick's preparations, Parke, Davis & Co.'s preparations, Procter's Pepsin (see terms), etc.

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VOL. IV JULY, 1886. No. 7.

Subpreputial Medication.

Some years ago a medical friend of large experience in the treatment of venereal diseases gave us what he had found to be the most useful injection in gonorrhœa. It consisted of mucilage of acacia, subnitrate of bismuth and sulphate of morphia. This we used for some time with greater satisfaction than anything else. Soon, however, we noticed that the degree of benefit depended largely upon the proportion of morphia. The anodyne influence of morphia upon the inflamed and suppurating membrane is certainly desired; but the temporary contact of an injection, the unfavorable condition of the membrane for absorbing, and the slight irritation caused by the direct application of the salt to the membrane—these considerations led to a belief that a better means might be devised.

Subjecting the general system to the influence of opiates, by oral administration, is beneficial to any inflammation, but this is manifestly a very indirect mode of medication for gonorrhœa. Rectal injection of opiates is rather more direct, particularly in bladder difficulties, but the effect upon the general system is greater than is desired in proportion to the local benefit derived. Hypodermic injections of morphia into the substance of the penis were not then thought of, and have never been practiced, to our knowledge. (This would probably immediately relieve priapism).

We finally thought of introducing morphia beneath the prepuce, hoping that it would be absorbed and exert a local effect upon the urethra. By occasionally moistening the morphia, enough of it could be induced to absorb to produce a marked anodyne effect upon the sensitive urethra, and to be of much value in irritable or inflamed bladder, while the effect upon the general system was very slight. But the necessity of occasional moistening was a great disadvantage, and even when this was done the influence was hardly strong enough to be entirely satisfactory, so the treatment soon fell into disuse. A solution of five grains of morphia in half a drachm of glycerine was applied beneath prepuce and upon penis, but found unsatisfactory. Laudanum was used in the same way with same result. Perhaps if a paste had been made of morphia and glycerine and inserted beneath prepuce it might have done well, but it was not then thought of.

The recent discovery of the readiness with which wool-fat (lanolin) is absorbed called to mind our old experiments and invited their renewal. We had five grains of morphia rubbed with a half drachm of lanolin, and rubbed a piece about the size of a grain of wheat beneath the prepuce (on each side of the frænum, so as to be as near as possible to the urethra). This was a case of acute inflammation of the urethra, particularly the bulbous portion, possibly involving neck of bladder, with seeming relaxation of mucous membrane and very slight mucous discharge—a very unusual case indeed, and caused, as near as could be ascertained, by sitting on a cold surface. The tissues surrounding the urethra where perhaps involved; prostatic congestion was suspected but found not to exist, unless in a very

slight degree. This peculiar case proved peculiarly indifferent to treatment. It was about the tenth day that the above mixture of morphia and lanolin was used. By that time the discharge had somewhat increased and contained some pus, the bladder was becoming irritable, and tenderness had extended along the urethra to the meatus. The mixture was absorbed, and much, almost complete, relief was obtained without much systemic effect, by repeating the application two or three times a day. This was continued several days, but while the more prominent symptoms where relieved during the effect of the morphia, progress toward a cure was not satisfactory; slight discharge continued, and all symptoms returned when the application was not made. Then a happy thought came—to use cocaine instead of, or combined with, the morphia. We then combined muriate of cocaine with some of the above mixture, so that about one-fourth of a grain of cocaine would be used at each application. In a few hours the penis was found to be perfectly numb, discharge ceased and all symptoms relieved. Continuation of this treatment soon effected a cure. The modus operandi is as follows: the diseased tissues being anæsthetized, they are robbed of pain and sensibility, thus being free from impressions or disturbance of any kind; cocaine causes vessels to contract, thus removing congestion and inflammation.

Thus it seems that we have an efficient and easily managed mode of treatment for most of the local diseases of the genito-urinary apparatus; if begun promptly we believe that it will abort gonorrhœa; it will certainly cure urethral and vesical irritability immediately, and the cure may be permanent when not dependent upon stone or other mechanical causes of irritation.

Without waiting to make other tests, we hasten to give the idea to the profession, so that many thousands may make tests and report results upon what seems to be a very promising mode of treatment. Of course the part should be cleansed before each application. Be sure to have the mixture strong enough to produce decided effect. Try, and report in full as to strength of mixture used, amount and frequency, condition before use, and results. Details are necessary to the establishment of a new mode of treatment, and this is now as far as we know.

Is Dr. Hofmann's new method of treatment of fistula in ano (see another page of this issue) destined to revolutionize the treatment of this troublesome disorder? This plan cures in a shorter time than by the cutting operation; and has the very great advantage of but little pain, and the patient can go about his business while the treatment is in progress.

The Doctor will soon give, through these columns, a new and original treatment of another important disease. Such articles, from as careful observers and original thinkers as the Doctor, will always find a ready place and warm welcome in these columns.

Nearly every new subscriber (and their name is legion) orders his subscription to begin with January last, in order to have the volume complete. This is as it should be, and it is fortunate that we printed plenty of extra copies to reserve as back numbers. Always order binder (only thirty cents) in which to preserve your journals, and when the year is complete you will find that you have a bound volume.

THE second edition (enlarged and corrected) of "Officinal Formulæ of American Hospitals" is at last completed. It is in every way a great improvement on the first edition. No physician should be without it. Price, $1.00.

INDEX OF DISEASES.

[In this index the diseases are taken alphabetically, and prescriptions embodying the latest and best treatment for each disease is given. The index will be continued from month to month until the catalogue of diseases is exhausted. Began in March number.—L L]

Convulsions.

Warm baths, with cold, to the head.

℞ Inhalations of chloroform.

℞ Potass. bromid.....gr. iv
Chloral. hydrat.....gr. j
Aq. et syrupi ad.....ʒ j
M. S.—Take every four or five hours.

℞ Morphia subcutaneously for puerperal convulsions.

℞ Spinal ice-bag.

℞ Mustard leaves to calves of legs, and hot bottles to feet.

℞ Antilini sulphatis, gr. j, ter die.

℞ Ol. terebinthinæ.....fʒ iij
Ol. ricini.....fʒ jss
Ft. enema.

℞ Calomelanos, gr. ij, in powder.

Coryza.

℞ Ammoniæ carbonatis.....ϑ j
Morphiæ sulphatis.....gr. ¼
Mist. amygdalæ.....fʒ iv
M. S.—Two tablespoonfuls every three hours. Sleep between blankets, and drink freely of cold water.

℞ Bismuthi subnit.....ʒ vj
Pulv. acaciæ.....ʒ ij
Morphiæ sulph.....gr. ij
M. S.—To be used as a snuff.

℞ Liq. morphiæ, P. B.....♏ x
Vin. antimonii.....♏ viij
M. S.—To be repeated in two or three hours.

℞ Iodi.....gr. iij
Potass. iodidi.....gr. vj
Aq.....fʒ vj
M. S.—To be injected into nostrils.

℞ Pulv. camphoræ.....
Sacch. alb.....ää q. s.
To be used as snuff.

℞ Tinct. cannabis ind.....fʒ ij
Pulv. tragacanth. co.....ʒ j
Ætheris chlorici.....ʒ jss
Aq. anisi.....fʒ vj
M. S.—Two tablespoonfuls every two hours.

℞ Fl. ext. cheken, fʒ ss, in water.

℞ Hydrarg. ammoniat.....ϑ jss
Pulv. altheæ.....ʒ j
M. S.—To be used as snuff.

℞ Pulv. ipecac. co.....gr. x
M. S.—Take at bedtime.

℞ Tinct. aconite.....♏ xvi
Tinct. belladonnæ.....♏ xx
Aq. cinnamomi.....fʒ ij
M. S.—One teaspoonful every hour.

℞ Liq. morph. hydrochlorat, P. B.....fʒ ij
Vin. ipecac.....fʒ ij
Sp. chlorof.....fʒ ij
Syr. scillæ ad.....fʒ iv
M. S.—One teaspoonful every four hours.

℞ Liq. arsenicalis, ♏ v, ter die, in chronic coryza.

℞ Potass. iodidi.....gr. x
Pulv. ipecac co.....gr. v
M.—To take at bedtime.

℞ Chlorate of potash lozenges, frequently.

℞ Inhalations of iodine, or carbolate of iodine.

℞ Cocaini muriatis.....gr. vj
Bismuthi subcarb.....ʒ ss
Talci.....ʒ jss
M. S.—To be used as a snuff.

℞ Chloroformi.....fʒ ij
Glycerini.....
Cognac.....ää fʒ j
M. S.—A teaspoonful in water, every three hours.

℞ Pilocarpini nitratis.....gr. viij
Tinct. aconiti.....fʒ ss
Tinct. belladonnæ.....♏ x
Tinct. veratri viride.....♏ x
Syr. aurant. ad.....fʒ ij
M. S.—A teaspoonful every three hours.

℞ Antimonii tartaratis.....gr. ss
Aq. dest.....fʒ j
M. S.—A teaspoonful every hour.

℞ Quiniæ sulphat.....gr. vj
Aq. dest.....fʒ j
M. S.—To be used as a spray.

℞ Ammonii salicylatis, gr. xv, every two or three hours.

℞ Inhalations of camphor, ʒ ss, to a pint of boiling water.

℞ Sage tea as douche and gargle.

℞ Ext. erythroxylon cocæ.....
Ext. pini canadensis.....gr. v
Make nasal bougie.

℞ Morph. sulphat.....gr. j
Fol. belladonnæ pulv.....gr. x
Calomelanos.....gr. xx
Sodæ bicarb.....gr. xv
Pulv. acaciæ.....fʒ ss
M. S.—To be used as snuff.

℞ Succi belladonnæ, ♏ j, every hour.

℞ Hydrarg. cum creta.....
Pulv. ipecac. co.....ää gr. xij
Sacch. alb.....gr. xxxvj
M.—Divide into 12 powders; one, four times a day.

℞ Sulphurous acid spray to nostrils.

Cough.

℞ Aluminis.....gr. x
Aq.....fʒ j
As spray to throat.

℞ Croton chloral hydrat.....gr. xxxvj
Glycerini.....ʒ iij
Aq. dest. ad.....fʒ vj
M. S.—Two tablespoonfuls every five hours.

℞ Tannici glycerini, as paint to throat.

℞ Morph. sulphat.....gr. ss
Quiniæ sulphat.....ʒ j
Acid. hydrochlor. dil.....fʒ ss
Syr. limonis.....fʒ vj
M. S.—One teaspoonful in water, four times a day.

℞ Vin. ipecacuanhæ, as a throat spray.

℞ Apomorphiæ muriat, gr. 1/16.

℞ Tinct. gelsemini.....♏ xvj
Aq. camph.....fʒ ij
M. S.—One teaspoonful every hour.

℞ Vin. ipecacuanhæ.....fʒ ij
Syr. hemidesmi.....fʒ iij
Mucilaginis acaciæ.....fʒ j
Aq. dest. ad.....fʒ ij
M. S.—A teaspoonful every two hours.

℞ Liq. morph. hydrochlorat., P. B.....fʒ ij
Syr. mori.....fʒ jv
M. S.—One teaspoonful every three hours.

℞ Pil. scillæ co.....
Ext. conii.....āā gr. xxx
Divide into 12 pills. Two every night at bedtime.

℞ Syr. scillæ.....fʒ vj
Sp. ætheris nit.....
Tinct. hyosc.....āā fʒ iij
Inf. rosæ acid. ad.....fʒ viij
M. S.—One-sixth part every six hours.

℞ Tinct. scillæ.....fʒ ij
Tinct. stramonii.....fʒ jss
Inf. dulcamaræ ad.....fʒ viij
M. S.—One-sixth part three times a day.

℞ Tinct. scillæ.....fʒ ij
Ext. opii liq.....fʒ ss
Syr. tolutani.....fʒ vj
Mist. ammoniaci ad.....fʒ vj
M. S.—One-sixth part thrice daily.

℞ Acidi benzoici.....gr. xl
Syr. scillæ.....
Syr. rhœados.....āā ʒ jss
M. S.—One teaspoonful every four hours.

℞ Sp. ammon. arom.....fʒ ss
Sp. armoraciæ co.....fʒ j
Tinct. senegæ.....fʒ vj
Aq. camphoræ ad.....fʒ viij
M. S.—Two tablespoonfuls every six hours.

℞ Acid. nit. dil.....fʒ j
Syr. scillæ.....fʒ vj
Tinct. belladon.....mx xl
Sp. chloroformi.....fʒ ij
Inf. cinchon. co. ad.....fʒ viij
M. S.—One-sixth part thrice daily.

℞ Liq. morphiæ muriat. P. B.....fʒ ss
Syr. limonis.....fʒ j
Tinct. hyoscyami.....fʒ j
Aq. camph.....fʒ j
M. S.—Take at one draught at bed time.

℞ Liq. morph. muriat. P. B.....mx xl
Acid. hydrocyanici dil.....mx xx
Syr. scillæ.....fʒ vj
Tinct. benzoini co.....fʒ j
Muc. acaciæ ad.....fʒ vj
M. S.—One tablespoonful every four hours.

℞ Tinct. tolutanæ.....fʒ ij
Syr. tolutanæ.....fʒ j
Tinct. camph. co.....fʒ ss
Mucil. tragacanth. ad.....fʒ viij
M. S.—Two tablespoonfuls thrice daily.

The Current Medical Thought.

Resorcin in Chronic Diseases of the Skin.

Resorcin has been found of much value in chronic skin diseases, particularly those of a parasitic nature. In tinea versicolor, herpes tonsurans and sycosis parasitica the results have been most favorable. It may be used in solution or in form of ointment, in strength varying from ten to eighty per cent. It is contra-indicated where much inflammation exists.

Respiratory Croaking in Infants.

Dr. Gee describes in the *Practitioner* a dozen cases of what he calls "respiratory croaking" in babies. The breathing is accompanied by a croaking noise limited to inspiration, which seems to be produced in the fauces, and is noticed both during sleep and when awake. Otherwise the child seems to be in good health. The duration of this strange ailment is indefinite, and although different forms of treatment were tried, none were found to be particularly efficacious.

Cure for Erythema.

Dr. Villemin, of Paris, considers the different forms of erythema—papulatum, tuberculatum, nodosum—only varieties of a common morbid type, and includes them all under the name of "polymorphous erythema," a general disease of a specific nature, of which the cutaneous eruption, the pains in the fibrous tissues and limbs, indurations, insomnia, prostration, etc., are only symptoms. He maintains that iodide of potassium is a veritable specific in all forms of this disease. In the course of forty-eight, or even twenty-four hours, incisive doses of the salt, say ten grains three times a day, will modify or remove the main symptoms in a surprising manner; the temperature falls, the redness disappears, swelling of joints is reduced, indurations soften, and in three or four days the disease will usually be conquered. Iodide of sodium would probably be equally efficacious.

For Fistulæ.

Oil of turpentine, besides being an antiseptic, has a marked stimulating action on granulations, and in that direction has proved highly successful in promoting the closing up of anal and other fistulæ. It may be injected through a small blunt-pointed syringe, either by itself, or, when found too irritating, diluted with olive oil, once in every two or three days. Many cures are reported under this treatment, avoiding the necessity of operative measures in some instances.

The Progress and Prospects of the Oxygen Treatment.

It is with no little interest that we have been watching the revival of the use of oxygen gas and oxygenating agencies in therapeutics. That the reports of some recent enthusiastic investigators in this field should have been received with the usual degree of conservative questioning was to be expected. But the reports are being emphatically corroborated, and observers are multiplying. As an evidence of this rapid progress it is only necessary to cite the fact that a leading dealer in oxygen apparatus and supplies in that line recently received an order for one hundred cylinders of compressed oxygen—10,000 gallons in a single shipment to the West. The same company within the last three months has supplied outfits of apparatus to practitioners in nearly every State in the Union. Many of these experimenters have as yet had too limited experience to report anything of value, and some of them no doubt, for various natural reasons, fail of any noteworthy results. Others of them will give to their efforts that punctilious care and perseverance which is sure to result in valuable data.

Dr. Lothrop, in the *Southern California Practitioner* for May, publishes a report covering one hundred cases treated by oxygen. While he makes no extravagant claims, his results are encouraging in the extreme.

The following is an analysis of his cases (a slight discrepancy may be noticed in the phthisis cases):

	Cured.	Improved.	Lost Sight of.	Damaged.	Total.
Phthisis	0	36	4	1	40
Catarrh	2	8	2	0	12
Ch. Bronchitis	1	0	0	0	1
Asthma	0	3	1	0	4
Gastro-Intestinal Catarrh	0	5	0	0	5
Ch. Nephritis	1	2	0	0	3
Acute Bronchitis	11	9	0	0	20
Anaemia	15	0	0	0	15
					100

Dr. Wallian, of New York City, the acknowledged pioneer in this particular field—at least in America,—informs us that he is collecting the results of this practice from other observers and will, ere long, publish a *resumé* of the whole, together with his own more recent observations. We shall await the appearance of this collective evidence of the value as well as the limitations of what we consider valuable addition to modern therapeutic resources.

Send us one dollar and we will mail you the "Officinal Formulæ of American Hospitals."

Toleration of Poisons.

In certain morbid conditions of the system, there appears to exist an immunity, or a central "non-impressibility" to large doses of agents which are under other circumstances highly poisonous excepting in small doses. In acute alcoholism, for example, strychnia is tolerated and beneficial in large doses. Digitalis is admissible in large doses in "shock." Strychnia may also be pushed in spinal myelitis. The bite of the cobra is said to be inert when the patient is already saturated with alcohol. Drugs have no action in the stomach of a cholera patient, when in the stage of collapse (perhaps, however, from non-absorption).

Nitric Acid Test Preferred.

At the Clinical Society of London, May 28th, the "Albumen Test Committee" presented a report of the work accomplished by them, which, according to custom, was received without discussion. In it, the Committee briefly reviewed the various modes of testing for urinary albumen, etc., in common use, and compared in turn Dr. Oliver's test-papers, Dr. Johnson's picric acid method, the potassio-mercuric iodide and acid, Dr. Pavy's pellets, the acid brine method, picric acid and brine, the acetic acid, and the nitric acid methods. After careful consideration and experiment, the Committee arrived at the conclusion that the papers of Dr. Oliver possessed advantages in the way of portability and delicacy of reaction over the other similar preparations; but, apart from the question of easy carriage and compactness, they described *nitric acid as being most reliable and delicate.* All the methods, however, were said to be respectively useful for the determination of different proteids in the urine.

The early appearance of the cholera this year in so many scattered and distant parts of Italy is of bad omen, and a rapid and extensive diffusion of the epidemic with the increasing summer heat is almost inevitable.

Temporary Gantz Albuminuria.

Gouty subjects are liable to temporary attacks of albuminuria, under great excitement or nervous irritation, even though the kidneys are unaffected. In such cases the albumen may entirely disappear from the urine within twenty-four hours, by resting in bed.

A HUMAN skeleton weighs from ten to sixteen pounds, and the blood of the body about twenty-eight pounds; but cremation reduces the whole to no more than eight ounces; all else is restored to the gaseous elements.

For Rickets.

As a rule, phosphorized cod liver oil is well borne by "ricketty" children, and it renders them great service. The appetite and general health improve rapidly. A grain of phosphorus may be dissolved in five ounces of good cod liver oil, of which a teaspoonful may be given three times a day.

Tubercular Phthisis.	Fibroid Phthisis.
1. Of constitutional origin.	1. Of local origin.
2. Usually affects both sides.	2. Usually affects one side.
3. Usually attacks youth.	3. Usually attacks middle age.
4. Elevation of temperature.	4. No elevation of temperature.
5. Elevated circulation.	5. Normal circulation.
6. Loss of flesh.	6. Little or no loss of flesh.
7. General exhaustion.	7. Little or no exhaustion.
8. No albumen in urine.	8. Always albumen in urine.
9. Œdema unusual.	9. Œdema always present.
10. Death usually within three years.	10. Death unusual before five years.

L. L.

Ipecacuanha for Metrorrhagia.

When ipecacuanha is administered at short intervals in doses insufficient to produce nausea or emesis, it favors the arrest of hemorrhage, by reducing the circulation and cardiac pulse. Trosseau long ago advocated its use in this way, in cases of metrorrhagia; and to-day it is much employed on the continent of Europe. This action of ipecacuanha is partly due to its modifying influence on the excito motor system. A twentieth part of a grain of the fresh powder, or one minum of vinum ipecac., given every hour, often controls severe metrorrhagia and other hemorrhages in a remarkable manner.

Constant Life and Death.

This life is but a series of partial deaths; we are continually throwing off diseased portions of our own structure. While living we carry in ourselves a part of our own corpse, but prevent it from injuring us by elimination of its poisonous element and its destruction by oxygen. These toxic substances, or "ptomaines," are alkaloids, found in both dead and living bodies, and are absolutely poisonous, and produce self-infection unless eliminated or destroyed; just as urea, an alkali, is constantly formed in our bodies, and as constantly eliminated during health, or its retention acts as a poison in disease.

Abscess of the Tongue.

This is a rare affection, but important, as it may sometimes have a fatal issue. It has occasionally been mistaken for a malignant growth, and again for a gumma. Puncture soon reveals its real nature. Alarming dyspnœa may be caused by the swollen state of the tongue at its root pressing on the epiglottis. It may also produce severe dysphagia, and interfere seriously with deglutition. Plentiful use of ice and emollient gargles, to abort the inflammation, form the early local treatment; later on, the abscess should be incised, but always with caution, on account of the great vascularity of the organ.

Corrosive Sublimate.

Corrosive sublimate is without doubt the most powerful and rapidly acting antiseptic known to-day; but it is also the most dangerous, and its employment should be restricted to the most serious cases, demanding incisive and immediate effects. Vaginal and intra-uterine injections of sublimate present two dangers, the danger of vascular penetration and the danger of poisoning.

A Simple Test for Sugar.

The simplest test for diabetic urine is to place a little on a piece of bright tin, which is held over a spirit lamp until the urine is evaporated. If sugar be present, the last portion of the urine will give the characteristic appearance and odor of burnt molasses.

Iodol.

Iodol, besides being a potent antiseptic, acts as a local anæsthetic, and favours the cicatrization of wounds. It is used as a fine powder (dusting), as a pomade in vaseline, or in alcoholic solution. Here is a useful formula:

℞ Iodol.....gr. xv
Sp. rect .....ʒ iij
Glycerini.....ʒ v
Mix. For external use.

Action of Saline Cathartics.

Saline cathartics act chiefly by causing serous evacuations, and in that way wash out poison-out elements from the blood. They also tend to relieve the congested liver, lessen high arterial tension, and check the formation of uric acid.

A gramme is a little over fifteen grains; a litre represents a quart (Troy) by weight of water; a decilitre equals 1500 grains (Troy); a centilitre 150 grains (Troy); a militre equals fifteen Troy grains; a centigramme is the sixth part of a grain; a milligramme is the sixty-fifth part of a grain; a decigramme equals a grain and a half.

To Abort Abscess of Breast.

Threatening abscess of the breast may frequently be aborted by the timely use of the following mixture:

R Tinct. veratri viride.....3 j
Ext. phytolaccæ.....3 v
Aq. dest .....3 vj
Sig.—One teaspoonful in water every two hours.

The intestines should be well relieved by calomel and saline draughts.—*Medical Bulletin.*

Antipyrin almost entirely removed the appetite, and is for that reason an unsatisfactory agent for the reduction of temperature in such diseases as phthisis.

Mag. Sulph. in Rheumatism.

Permit me to call the attention of my medical brethren to the familiar remedy at the head of this article, and ask them to give it a trial in muscular rheumatism. From personal experience I have much confidence in its remedial power in this vexatious complaint. Like the waters of the Jordan it is simple and not costly; and though not especially palatable is usually well borne by the stomach, while the disease is more unendurable than was Naaman's.

For two years its presence was an abiding infliction, resisting every remedy sought. On the causation theory of sub-alkaline blood, I commenced the use of mag. sulph. in broken doses, five to ten grains three times a day in cold water, immediately after eating, with almost magic results. In a few weeks I could take a full inspiration without pain, a thing I had not done for months; was able to dress myself unaided and walk without a cane—the power of my tormentor broken and every mindful vestige gone.—S. B. CHASE, M.D., *in Ohio State Medical Reporter.*

May Injuries be Exhibited to Juries?

The practice of exhibiting injured or deformed limbs to juries in malpractice suits by a plaintiff, or by the defendant in suits for medical fees for services, has long been regarded as a fruitful source of erroneous verdicts, and an act of manifest unfairness to the physician or surgeon. To allow a jury of twelve, or twelve hundred, uneducated (medically) and unskilled men to say in how far the surgeon is responsible for a given deformity is as manifestly unfair as to allow the same jury to dictate to the attending physician as to what remedies should be used in a case of diabetes or typhoid fever, whether the forceps should be used in a case of shoulder presentation, or whether any, and what, antiseptic agent should be used in a case of ovariotomy.

The case of Carstens *vs.* Hauselman, decided by the Supreme Court of Michigan, on May 12, has some points of interest to surgeons as regards this question. Action was brought by the surgeon for services rendered in the case and treatment of a fracture of the leg. Among other points of defence one was raised of improper treatment. The lower Court gave verdict and judgment for the plaintiff. Error was assigned because the court below had refused to allow the defendant to exhibit her injured leg to the jury. Upon error the Supreme Court, *per* Campbell, J., used the following language:

"The injury occurred several years before, and there was testimony concerning the correctness of the treatment, which necessarily involved medical questions which no jury could be supposed to fully comprehend. It is not competent to allow juries to determine for themselves whether a physician's course has been proper or improper in the treatment of a fractured limb, and the Court very properly refused to permit them to inspect it for that purpose. No inspection after an injury is healed, apart from some knowledge of the character of the injury and the methods of treatment, could ena le even medical experts to decide upon the merits or demerits of the attending surgeon. A jury's guessing from such an inspection would be of no value whatever, and any needless exposure would have been, as the Court below properly held, improper, if not indecent."—*Jour. Amer. Med. Assc.*

Cancer.

The difference between hard and soft cancer is only one of degree. The hard grows slowly, and consolidates its tissue; the other is of rapid increase, abounding in watery element. Similarly, in the vegetable kingdom, the more slowly the plant grows, the harder is its tissue. Compare, thus, the yew, or the oak, with the willow; the pumpkin with the nut.

The hardness of mammary cancer is characterized in its name, *schirrhos*, a lump of stucco. The older surgeons called it stone-cancer. The more slowly it grows, the harder and heavier it is, and its greatest density is reached in the chronic cancer of old women. This is the least malignant variety; in the cicatricial contraction of its fibrous stroma, cells, lymphatics, and blood-vessels are compressed and obliterated. In younger women, the deposit grows apace, and quickly infests the lymphatics; hence, in them, prompt and vigorous surgical measures are specially demanded.

Forty to fifty years is the common age for the appearance of cancer of the breast. Then important changes are taking place; menstruation is ceasing, and the mammæ are undergoing physiological retrogression, so that perversion of

nutrition readily disturbs the homology of the gland.

As the time advances, it will probably be found that operative surgery can be of yet greater service in rendering cancer a strictly local disease. If so, the first advance will likely be made in dealing with the enlarged cervical—supraclavicular—glands, which are infected after invasion of the auxillary lymphatics, through the apex of the axilla and beneath the clavicle. Although they can be pulled down by the fingers and forceps in the armpit, especially if, at the same time, pressure be made from above the clavicle, still, the better way will probably be to extract them by a direct incision at the root of the neck, after the clearance of the armpit.

Carbolic Acid and Chloral.

When carbolic acid and chloral hydrate are mixed together, provided that the proportion of carbolic acid does not exceed 1.7 to 1 of chloral, a liquid is formed, as when chloral is triturated with camphor. This liquid is perfectly soluble in water. If more than the proportion of carbolic acid be present, corresponding to three molecules of carbolic acid to one of chloral, the excess will separate on the addition of water. The substances separate in any case on the addition of heat.

Influence of Diet on Health.

There is a mistaken impression in the public mind as to the sources of sugars and their effects upon the human organism.

The fact that there are different varieties of sugar, and that they differ widely in respect to digestibility, is either unknown, or entirely lost sight of! Sugar—although not entering into the composition of the tissues—appears to play an important part in the production of fat and the development of animal heat, and the fact that *all starch is changed into a low form of sugar*, which is easy of digestion, and upon which *we should depend* chiefly for our carbohydrates, should be constantly urged upon the public ear! Cane-sugar, which is agreeable to the taste of so many, and is so enticing in its sweetness, behaves as a foreign body in the intestinal canal, until it has been converted into glucose, but this conversion is principally intestinal, the gastric juices producing little effect in this direction.

It is evident that the task of digesting cane-sugar is not an easy one for the organs involved, and we firmly believe that the "influence on health" of cane-sugar, is under-estimated, and that the indiscriminate use of it in large quantities, as it so commonly is, is a source of no inconsiderable injury! The substitution of glucose for cane-sugar, now, we are told, becoming quite universal for many purposes, is to be regarded, we think, as a benefit rather than otherwise.

It should be generally known that one of the most important agencies in the digestion and assimilation of food, is *water*, and that 75 per cent. of the human body is composed of water, and that four and one-half pounds is daily thrown off by the healthy body, and that a diet largely nitrogenous will tax the system severely, unless a considerable quantity of water be taken for the purpose of getting rid of the waste. It is estimated that a full-grown male adult requires 52 fluid ounces of water daily, and organized structure will not perform its function without its due proportion of this agent. The evils of over-preponderence of fluid in the system should be guarded against in the interest of the solid elements, although the dangers from this source are far less than from too little fluid. It is cruel to neglect to provide children with cold water to drink, at frequent intervals, particularly in hot weather, no matter how they are being fed. If the thirst is allayed by this natural diluent, the child may refuse food, which is only being taken to relieve the parched mouth, and is not demanded and will not be tolerated as nutrition.

The public must be taught that digestion is a process of solution by hydration, that to convert starch into sugar a molecule of water must be added under the action of a ferment, and that a peptone is produced by a similar process.—A. K. HILLS, M. D., *N. Y. Medical Times*.

The Hygiene of the Newly Born.

The following instructions to mothers and nurses, prepared by a commission composed of Moutard Martin, Bergeron, Parrot, Blachez and Dujardin-Beaumetz, have been issued by the head of the Department of Public Charities, Paris:

1. Till the appearance of the first teeth, *i.e.*, between the sixth and seventh months, the only food of the infant should be milk, that of the mother preferably, if she be in good condition, otherwise, that of a wet nurse. It is very dangerous to give an infant solid food of any kind during the first months of its life.

2. The child should be offered the breast about once in two hours, and less often in the night.

3. In the event of inability to provide woman's milk the milk of the cow or goat may be substituted. This milk should be given warm, diluted with one-fourth part water,, and slightly sweetened. At the beginning of the fifth month the milk may be taken pure. All other liquids employed to dilute the milk

(thin gruel, bread-water, barley-w.ter) are injurious.

4. In feeding the infant, glass nursing bottles should be employed. These, especially the tubing and the mouth piece, should be thoroughly cleansed every time they are used. Never allow nurses to resort to those "sugar teats" with which some mothers seek to appease the cries of the infant, and which are sure to produce canker, and disorder the digestion.

5. It is not till the sixth or seventh month that one should begin to allow farinaceous substances with milk, such as bread, baked flour, rice, arrowroot, mealy potatoes; these supplementary foods should always form a considerable part of the infant's dietary towards the end of the first year, to accustom the child to weaning. Weaning ought not to be thought of till the first twelve or sixteen teeth have pierced the gums, while the infant is in a good state of health, and during the lull which follows an eruption of teeth.

6. Every morning the "toilet" of the little one should be made before suckling or feeding; this toilet consists: (1) in washing the child's body, and especially the genitals, which ought always to be kept clean; (2) in scrubbing the head, on which it will not do to let scurf or dandruff accumulate; (3) in changing (at least every second day) the child's underclothing; (4) in giving a warm bath in which the infant should be held five or six minutes. The belly band ought to be kept on during the first month.

7. Swaddling clothes, which cause compression of the body, should be interdicted. The more freedom the young child has in its movements, the more robust it becomes, and the better its development. All swarthing which encumbers the neck and head should also be discarded.

8. The infant should be protected against the injurious effects of excess of cold and heat, whether out doors or in the house; within doors, the air should be renewed several times a day.

9. It is not safe to carry the babe into the open air before the fifteenth day, unless the temperature is very mild.

10. The child ought not to be allowed to sleep in the same bed with its mother or nurse.

11. The bed of the infant should be composed of oaten straw, soft thatch, or husks; the cradle should have curtains during the first months of infancy, and especially during the cold season, to avoid currents of air, but these curtains should never be completely closed. The babe ought not to be rocked.

12. There should not be undue haste in teaching the infant to walk; it should be allowed to creep on the floor and help itself up; walking carts and baskets should be discountenanced.

13. The least indisposition on the part of the infant (colic, diarrhœa, vomiting, cough) should be at once attended to.

14. As pregnancy has the effect to render the milk less nutritious, in case of pregnancy, every nursing woman should cease to suckle her infant.

15. It is a good plan to vaccinate infants during the first three months after birth, or during the first few weeks, if an epidemic of smallpox is prevailing.

Gonorrhœal Rheumatism.

Here is a man who has a swollen joint; what is it? Is it an abscess forming? I think not. When a young man comes to you with one joint swollen and painful, what is most likely the matter with him? I would say that it was most likely gonorrhœal rheumatism, and such it proves to be in this case. The pathology of gonorrhœal rheumatism has not yet been definitely settled; why the disease is so concealed we do not know; it behaves just like ordinary rheumatism, save that it is confined to one joint; and, as a rule, during the continuance of the rheumatism the gonorrhœal discharge is much lessened and often ceases entirely. Such facts would indicate metastasis; but we no longer hold to the old doctrine of metastasis. Such cases are very hard to cure. We will derive great good from the use of small blisters applied about the joint, not directly over the joint, but just above and below it. We might blister about the joint with cantharidal collodion, but not directly on it. It is a fact that the local use of blisters so impress the system as to change the urine from an acid to an alkaline condition, through their influence on the trophic nerves. Of internal remedies, a host have been tried, but they do very little good. I derive the best results from the use of the tincture of the chloride of iron. The green iodide of mercury, in doses of $\frac{1}{10}$ to $\frac{1}{12}$ of a grain thrice daily in combination with $\frac{1}{8}$ to $\frac{1}{4}$ of a grain of extract of belladonna, or the use of minute doses of bichloride of mercury, with iron and blisters locally, will constitute the best treatment.—*Bartholow.*

A CONTEMPORARY estimates that coca is used by 10,000,000 of the human race; betel nut by 100,000,000; chickory by 40,000 000; coffee by 100,000,000; 300,000.000 eat or smoke hashish; 400,000,000 use opium; 500.000,000 use tea; and all the known people of the earth are addicted to the use of tobacco.

POINTS.

The Albany "Sunday Press" gives the following Paragraphs:

—A little vinegar poured on a plate of salt causes chlorine to be disengaged. Chlorine is one of the best disinfectants known. This is a hint which can readily be utilized.

—Peroxide of hydrogen forms an excellent local application and gargle in cases of diphtheria. It disinfects and removes the foulness in the throat and lessens the danger of blood-poisoning. Naphthalin is also recommended for similar use.

—Seven grains of chrysophanic acid in an ounce of chloroform provides a very successful application for the treatment of ringworm. It should be very cautiously applied to the part affected two or three times daily with a camel's hair brush, care being taken not to inhale the vapor.

—The dime museums frequently advertise Baby Venuses among their attractions, and the medical journals occasionally report such cases of precocious physical development. Recently a case of delayed development has attracted some attention. A contemporary says: The recent death of Miss Caroline Terboss has attracted renewed interest in her remarkable case. She was a member of an otherwise normally developed family, and up to her twelfth year she was apparently like other girls. But at that age she suddenly stopped growing, and though she lived to the advanced age of seventy seven development, once interrupted, was never resumed. At the time of her death she was in form, statue and organization, a child.

—Few people know how to properly treat sprains, and yet sprains are among the most common of minor accidents. Put the limb at once in hot water until the pain and inflammation have somewhat subsided; then bandage it snugly and keep in an elevated position when possible. Vinegar and water, alcohol and water, witch hazel and water, or arnica make good lotions during the inflammatory stage. When the pain is all out, a little rubbing and passive exercise are good, and in two or three days a plaster of paris bandage may be applied and, when an ankle is effected, the person may get around with a cane. By this treatment a rapid cure results.

The urine from females may frequently be distinguished from the urine of males by the presence of vaginal tesselated epithelium, which may be found under the microscope.

Care of the Health of School Children.

An essential cause of obstinate headache in school children is the excessive mental strain enforced by the present educational programme, which leaves out of consideration the peculiarities of the child's nature, and the elementary principles of scientific hygiene. The overstrain brings about an increased irritability of the brain, and consecutive disturbances in the cerebral circulation. Professor Bystroff emphatically insists on the imperative necessity for permanently admitting medical men to conferences of school-boards. Of palliative measures, he mentions methodical gymnastics, mild aperients in well-nourished children, steel in the anæmic, bromides, inhalation of oxygen, and, in severe cases, a temporary discontinuance of all studies.

Sudden Death From Corpulency.

Professor Kisch, of Prague and Marienbad, has recently collected statistics, and written a contribution in the *Berliner Klinische Wochenschrift*, on the frequency of sudden death amongst extremely stout persons. In nineteen cases of this occurrence, acute congestion of the lungs was discovered in twelve cases, cerebral hæmorrhage in six, and rupture of the heart in one. The pulmonary congestion arises, as Dr. Welch has already shown, from paralysis of the muscular walls of the left ventricle, while the right side of the heart continues to act with almost normal vigour. The apoplectic symptoms were traced, in most of the cases, to arterial sclerosis, a very frequent concomitant of extreme corpulency. Rupture of the heart is due to the overworking of the walls of the left ventricle, which, being involved in fatty infiltration and degeneration, can no longer increase in size, in proportion to the extra work which it has to perform. The failure of heart-power appears always to be the immediate cause of death, which generally follows immediately after violent exertion, or an excess in drink or diet. Stout subjects over 50 years of age are very liable to fatal syncope, which, however, is frequent amongst the corpulent at earlier periods of their life.—*Brit. Med. Jour.*

Massage for Menstrual Troubles.

For many forms of menstrual disturbance, massage may be safely prescribed. I recently saw a young lady, aged 19 who suffered intensely at each monthly period, the pain being so severe, that hypodermic injections of morphine had to be resorted to. Massage of the abdomen and pelvis was prescribed, and from that time there was no return of the trouble. Cazeaux has reported several similar cases in detail. In the convalescence from acute illness, this mode of

treatment is a great help and comfort to the patient. There can be no doubt that massage is a very valuable therapeutic agent, and is likely to yield good results in many complaints other than those I have roughly indicated.—*Prof. Murrell, Eng.*

A Hint to Smokers.

In cuba where smokers are probably better acquainted with the methods of manufacture than elsewhere, and where the number of operatives afflicted with scrofulous and other maladies is, as estimated by the London *Lancet*, fully 37 per cent. it can be almost invariably noticed that a smoker before lighting his cigar will, instead of biting off the tip, carefully cut away fully half an inch of the end of the weed. The cheroot, which is made without a tip, is in more general use in Cuba than anywhere else in the world.

General Grant after visiting Cuba, never again bit off the tip of a cigar. He cut away a noticeably large section of the end.

A Cheap and Effective Antiseptic Preparation.

Dr. Francis L. Haynes recommends the potassio-mercuric-iodide, prepared as follows: To four ounces of distilled water add one drachm each of iodide of potassium and iodide of mercury. This will cost about ten cents, and makes a good stock solution for diluting and using when needed. One tablespoonful of this to a pint of water makes a good wash for the hands in obstetrical and gynæcological practice, septic surgery, autopsies, etc. The hands are protected from becoming eczematous by annointing them thoroughly with one-half an ounce of glycerine, once or twice daily, after washing, and while they are still damp. It is also excellent to purify blunt instruments.

Sick-Headache.

The first case that I bring before you to-day, gentlemen, is produced for the purpose of demonstrating the results of treatment. You will, doubtless, remember the case of megrim that I had before you some time since. To refresh your memory, I will recall that she was a young girl whom I told you was rosy and healthy looking, but that she suffered from headache and this was followed by nausea and vomiting. You will remember that I pointed out the intimate relation between the fifth nerve and the pneumogastric and that to this connection I attributed the occurrence of the vomiting which was consecutive upon the headache. I told you that in the intervals between the spells the woman enjoyed perfectly good health. Well, now we put her upon the use of caffeine and the effect was immediate. She has not been using the drug long enough for us to pronounce it a positive cure, but the relief afforded by its use is absolute. The dose has been three grains thrice daily.—*Bartholow.*

A German professor has succeeded in isolating a new digestive euzyme from the blood. It is not improbable that the food undergoes further digestive changes after it has entered the veins.

CLASS-ROOM NOTES.

[From the *College and Clinical Record.*]

—Prof. Bartholow recommends for *constipation* with deficient secretion of bile the tincture of phytolacca.

—Prof. Parvin regards an absolute milk diet as the very best means of treating *albuminuria of pregnancy.*

—Prof Bartholow recently practiced at the clinic the deep injection of chloroform, in two cases of *chronic sciatica.*

—Prof. DaCosta prescribes the following for *lithæmia:*

℞. Liq. potass. arsenitis.....3j
Tinct. ignatii amar.....3ij
Tinct. cinchonæ comp .....q.s. ad ʒiv M.
Sig.—Teaspoonful after each meal.

—Prof. Bartholow advised, for a case of *progressive muscular atrophy*, faradization of the affected muscles daily, locally hypodermics of a sixtieth of a grain of strychnine, three times per week and attention to the general health.

—In *acute conjunctivitis*, the following solution is a favorite one of Dr. Fox's:—

℞. Acid. boric.....gr xij
Zinci chlorid.....gr.iij
Aquæ camph.....
Aquæ destillat.....ää fʒij M.
Sig.—Use as lotion for eyes.

—Prof. Bartholow advises the following combination for *irritation of teething children* and *infantile colic*:—

℞. Potass. bromid.....gr.v
Olei anisi.....gtt.½
Misturæ assafœtidæ,.....fʒj M.
Sig —Pro re nata.

—Prof. Da Costa, at the Pennsylvania Hospital, showed a case of *aneurism of the arch of the aorta*, immensely benefited by iodide of potassium and rest in bed. The tumor was greatly lessened in size, and all the bad symptoms, dyspnœa, vertigo, nausea, were ameliorated.

—Dr. Longstreth had a very bad case of *chronic meningitis*, at the Pennsylvania Hospital, which very much improved under the use of potassium iodide and arsenic. Unknown to the attendants, the patient had false teeth, which set up a violent stomatitis, from being retained in the mouth for a long time without a cleaning.

—A child, 20 months old, suffering with *dactylitis syphilitica*, and other evidences of hereditary syphilis, was recently treated by Prof. Brinton, with the following combination:

℞. Hydrarg. chlor. corros.....gr. 1/8
Potas. iodid.....gr.j. M.
Ft. pil.
Sig.—To be taken ter die.

—For *blepharitis marginalis*, Dr. L. Webster Fox directed the eyes to be bathed twice daily in aqua chlorinii, and at the same time ordered the eyes to be refracted. The following solution was then given preparatory to the testing for glasses:—

℞. Atropiæ sulph.....gr.j
Aquæ destillat.....fʒiij M.
Sig.—One drop in each eye, three times daily.

—Dr. Wilson, at a recent clinic, presented to the class a child, aged 15, suffering with *chorea*. He directed that chloral, in five grain doses, should be administered five or six times during the day, and that the patient maintain the recumbent posture as much as possible. As soon as the present symptoms were ameliorated she was to be placed on iron and arsenic, which was to be persistently used for a long time.

—Prof. Bartholow treats *exophthalmic goitre* with:—

℞. Ext. ergotæ (Squibb's aq. ex.).....gr.ij
Pulv. digitalis.....gr.j M.
Sig.—Ter die;

and locally the ointment of the red iodide of mercury, rubbed in over the enlarged gland, preferably under the direct rays of the sun. When the neck becomes sore, wait until desquamation takes place, then re-apply cautiously.

—Prof. Gross ordered for an infant one year old, suffering with *inherited syphilis*, the biniodide of mercury, gr. 1/24, and potassium iodide, gr. 3/4, ter die; this to be gradually increased. For the eruption:—

℞. Unguent. hydrargyri.....
Unguent. zinci oxidi.....āā ʒss
Balsami peruviani.....ʒj M.

The mucous patches to be brushed over every second day with a thirty-grain solution of argent. nitras.

—Dr. Sajous recently advised the class never to use as a *nasal spray* a solution of common salt, or to use any nasal spray *cold*. He further stated that in almost any case where a wash was required, the following could be used:—

℞. Sodii bicarb.....gr.iij
Sodii biborat.....gr.iij
Aquæ.....fʒj M.
Sig.—Use as a wash or spray.

He also stated that potas. perman., gr. ss, added to the above, would remove any bad odor which might exist.

—A woman came to the hospital complaining of a very *strange delusion*. Some time before, a sensation as of worms under the skull began to annoy her. These increased in size till now they feel like a flat fish which moves about; at times it drinks and performs other manœuvres. This fixed delusion is the only manifestation she shows of disordered intellection. She is able to carry on the ordinary household duties, although not so strong as formerly. She has just passed the menopause. Prof. Bartholow prescribed for her five grains of caffeine, three times per day, in pill form.

—Prof. Da Costa recently had at the clinic a protracted case of *catarrhal fever* affecting the gastro-intestinal mucous membrane, simulating typhoid. There was some abdominal tenderness, the mind was dull and heavy, but the temperature was very irregular, tongue heavily coated; nausea and vomiting a marked symptom; the bowels were constipated, and no eruption was ever found. The patient was almost cured by a regulation of diet, attention to secretions, calomel and quinine. She will now keep the bowels open with oleum ricini and take a light bitter tonic, as:—

℞. Acid. phosphorici dil.....fʒj
Tinct cinchonæ comp.....fʒij
Elixir. simpl.....fʒj M.
Sig.—fʒj before each meal.

—Prof. Bartholow prescribed for a case of *simple anæmia*, which had resisted the ordinary treatment of iron, exercise and food—

℞. Liq. potass. arsenit.....fʒj
Massæ ferri carb.....ʒij
Syrup. simplic.....q.s. ad fʒiv M.
Sig.—ʒj, after each meal, and take before each meal, tinct. nuc. vomicæ, gtt. x.

Exercise in open air about three hours after eating. An occasional purge in the form of the official pill of aloes and ferrum, or if there be flatulency, of aloes and asafœtidæ.

—At Prof. Da Costa's clinic recently was a case of *gastro-intestinal catarrh* and enlarged liver. The enlargement was due to a fatty change in the cells, and a fibroid thickening of the intercellular substance, resulting from a chronic congestion of the organ. These cases are frequently associated with gastro-intestinal catarrh. Jaundice is usually absent. The patient has been taking small doses of calomel and sodium bicarbonate, with little effect. One of the best remedies in these cases is phosphate of sodium; it keeps the upper bowel open, and acts on the liver. The patient will take one drachm, in warm water, three times per day, on an empty stomach. Counter-irritation over the liver, with tincture of iodine, also. Will live on skimmed milk, to which is added ʒss of lime water to each ʒiv. Let her also have soups, and at times stewed oysters.

Original Communications.

Short articles on the treatment of diseases and experience with new remedies are solicited from the profession for this department; also difficult cases for diagnosis and treatment.
Articles accepted must be contributed to this journal *only*. The editors are not responsible for views expressed by contributors.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them: and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else. —RUSKIN.

A New Method of Treating Fistula in Ano.

Editor MEDICAL WORLD:

Having paid especial attention to diseases of the pelvic organs, I have frequently been called upon to treat cases of fistula in ano, and vagino-rectal fistula.

In my earlier practice, I found great difficulty in successfully treating these cases without resorting to direct operations. The principal resistance to treatment was found in the extreme obduracy of the sanious membrane lining the fistulous canal. It seemed to resist all efforts to bring about healthy granulations.

In my later practice I have adopted, with great success, the plan of treatment, original with myself, which I shall now briefly describe.

This plan of treatment, as I have stated, has been extremely successful, resulting, always, in speedy recoveries, with but little discomfort or inconvenience to the patients. By means of a flexible silver probe, with an eye, I carry a silk thread from the outer opening, through the fistulous canal, into the rectum; then, withdrawing the probe, and fastening to the thread a rubber tube as *large* as can be introduced into the canal, I carefully draw this tube (by means of the thread) through the fistula and out of the rectum, when I secure both ends of the tube together. This part of the operation being accomplished, there is little more to do than to await the result. The rubber tube will soon set up a *destructive* irritation of the *sanious membrane;* and, in a few days, in place of the characteristic serous secretion from this membrane, there will appear a *healthy purulent* discharge. Then, already, there has begun the disintegration of the membrane.

I allow this first tube to remain a few days longer, when I proceed to replace it with another tube, say one-half the diameter of the tube displaced. The new tube should be introduced by attaching it to the outer end of the tube to be displaced, drawing it through the canal, and fastening its ends together, as directed with the first tube. In a day or two, healthy granulations will be observed (the membrane being obliterated) closing in upon the tube. When this occurs, I again, by the same method, introduce a thin rubber string in place of the second tube. Within another day or two it will be found that the healthy granulations have closed in upon the string, when, finally, and as a finishing proceedure, I replace the string with a fine, flexible silver wire. In a few days this latter may be safely withdrawn, the fine opening will promptly heal and the fistula be permanently cured.

Almost any fistula, treated by this method, should be cured in from ten to fourteen days, while by ligation the agony is prolonged from four to ten weeks.

ERNST F. HOFMANN, M. D.
45 W. 25th St., New York.

Hyoscyamine for Chorea.

Editor MEDICAL WORLD:

Enclosed find $1.00 for THE MEDICAL WORLD for one year. This subscription is due to a single prescription which I found in a sample copy of your Journal.

For some months I have had under treatment a girl suffering from chorea; and despite the best treatment that I could devise, she had grown steadily worse until she had become unable to walk, or talk, or feed herself. It was found necessary to sustain her with liquid food, it being dangerous to give solids, lest she should choke herself in her uncontrollable attempts at swallowing.

The case was as much like Prof. DaCosta's case, (May WORLD, page 164,) that I resolved to try hyoscyamine at once. I began with one pill, $\frac{1}{100}$ grain, daily, rapidly increasing to two, then three pills a day, beyond which I have not gone.

Within six days she was up and around, talking, feeding herself and eating solid food. Of course there was dilatation of the pupils, and there was a pretty active watery diarrhœa for some days, but these were not serious matters.

I do not know how to show my appreciation more acceptably than by subscribing for THE WORLD, and sending my reason for doing so.

BENJ. EDSON, M.D.,
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Mistakes in Practice.

Editor MEDICAL WORLD:

I have been a subscriber to THE MEDICAL WORLD for a short time, and have observed, at times, with a suppressed smile, the wonderful results obtained in practice by my *confreres*. I do not refer entirely to THE WORLD, however, as I have observed the same thing in many other journals. In fact, a close study of journal literature will reveal the fact, I think, that the "best side is out" in almost every thing printed. What is peculiarly striking is the fact that I never

have been able to verify all the statements in the journals, in actual practice.

I am not a gifted writer, or polished thinker, or "Mugwump" of any kind, but I have been thinking for some little time of departing from the usual channels, and offering to my brethren of the healing art, a few of my mistakes and blunders, together with those of other physicians coming within my knowledge, with the hope that they may be of benefit to the readers of THE WORLD.

This I now propose to do, and will present a series of articles on the subject.

I was once called to attend a lady whom I found to be suffering from Bright's disease. I gave her infusion of digitalis, compound jalap powder, and cinchonidia, and told her I would see her again in a few days. I didn't see her. She died within twenty-four hours. My error was in prognosis. I should have appreciated more fully the dropsical condition, and given a guarded prognosis.

I once prescribed powdered aloes and rhubarb as a cathartic for a child. The father knew what it was, and as a consequence, I never did any more business for the family. An elegant pharmacy, even at the cost of being ineffectual, "takes."

During the early part of my practice, I once gave a small cathartic dose of calomel, and as a result, there was a most violent and long continued mercurial stomatitis. I lost the family, although not a very valuable one, and never received any remuneration for my services. I have been very shy of Mr. hydrargyri chloridum mite ever since. I use, in its place, to a great extent, what is known as the improved compound cathartic pill.

My first fracture came to me in the middle of the night, in the second month of my practice. It struck me like a thunderbolt, and I was so confused I could not make a diagnosis. I let the man go home intending to attend to it in the morning. Very early in the morning he went elsewhere and had the fracture reduced and properly "put up." I didn't repeat the mistake.

I have recently learned of a fracture occurring at the same time with other injuries, and being overlooked for a number of days. We can not be too careful in all cases of injuries, to be sure that nothing abnormal has escaped our notice.

The following quotation, emanating from the "sunny south," and appearing in a medical journal of recent date (*not* THE MEDICAL WORLD), may serve to dispel the dark clouds of worry and anxiety, and present a professional horizon as bright as the clear setting sun:—"Will some M. D. give his mode for examining the urine by the use of a urinometer; also, state how many uses the urinometer has? Some claim it to be useful in finding the specific gravity of the urine, and finding sugar; also, detecting albumen. I ask the question as it has been agitated."

Who says a few articles on "Mistakes in Practice," are not in order?

JEHOIAKIM.

Did I Do Right?

Editor MEDICAL WORLD:

Having read the request in your excellent journal for report of "mistakes" in practice, and believing such reports to be of benefit to every practitioner (for we all make mistakes), I desire to report a case which occurred in my practice recently. I was called to attend a lady in confinement, and upon examination I found the os well dilated and pains regular, but ineffectual. After having waited several hours for the descent of head into pelvis, I decided to rupture the membranes, as the fœtus seem to be floating about in the liquor amnii which was abundant, and I thought prevented the engagement of head. No sooner had I ruptured the membranes than gushed forth a flood of water, causing prolapsus of funis, accompanied by still birth and laceration of cervix.

Did I do right in rupturing membrane? Or should I have waited indefinitely? My patient was very much exhausted and I feared the result of further delay.

Missouri. E. M.

Thoughts Suggested by "The World" for June.

Editor MEDICAL WORLD:

Dr. W. S. Cline's case of "abscess of the right lung" does not seem to be a case of lung abscess at all, with due respect to the Doctor's diagnosis.

In my practice I have not unfrequently found such cases, which I am in the habit of calling empyema, or purulent pleuretic effusion.

It seems to me that in the case mentioned there existed the same condition, viz.: a right pleural cavity distended with pus, and a consequently compressed and perhaps entirely useless lung. This condition causes many symptoms which "consumptives" have, but careful examination will reveal the true state of affairs. The treatment is always, to open, (either with precautions against the entrance of air, or not, according to the surgeon's judgment), to follow up with carbolized washings, with syphon action, and tonics internally. I have never lost a case of empyema, where I performed paracentesis.

Not unfrequently the affected side, after recovery, will be depressed and deformed, from the fact of the lung tissue failing to regain its

former useful state, owing to long continued pressure.

In reply to "An Inquirer" I may say that I find very little objection offered by patients to using tincture of the chloride of iron, combined with glycerine. I have confidence in the fact that the glycerine not only makes the iron possibly palatable, but also assists in its tonic action.

A good neutral preparation, very pleasant to take and effective in its action, is the mixture of the chloride of iron and spirits mindererus. The mixture is a beautiful wine colored one. The tincture of the chloride of iron I also find made pleasanter by the addition of dilute phosphoric acid and syrup of lemons. In this mixture tincture of digitalis may be added if desired without producing the black discoloration made by digitalis and iron alone.

For pruritis vulvæ in pregnancy I find painting over once or twice with a four per cent. solution of hydrochlorate of cocaine, to be most beneficial in its effects, sometimes one or two applications curing the trouble completely.

In simple irritability of the bladder, especially in aged people, I find nothing so effective as fluid extract tritici repens (couch grass) in ʒ ss or ʒ j doses, thrice daily or oftener if required. The effect is usually speedy and remarkably grateful.

I have been using for years with the greatest success, an external application for the relief of localized pain. Your readers will find it a most valuable mixture, one that will bring much relief to their patients, and credit to their hands. It is this:

℞ Tr. aconiti rad..... f ʒ j
Chloroformi..... f ʒ ss
Spts. camphoræ..... f ʒ j
Tr. capsici ..... f ʒ j
Proof spirit ad..... f ʒ iv

M. S.—Apply over the seat of pain upon a flannel cloth. Be careful not to get any in the eyes.

For sprains, neuralgia, rheumatic pains, etc., the mixture is of great value, the relief from pain in many cases being almost instantaneous. The mixture is not original with me, but found its way into my note book whilst I was sojourning in the wards of the Edinburgh Infirmary.

I am using syrup of yerba santa largely in bronchial affections and find it valuable. It has a very sedative effect upon the bronchlia mucous membrane, producing much freer expectoration, and at the same time helping the appetite and adding to the tone of the system generally. The syrup is made with the fluid extract sugar and water, and a small quantity of the carbonate of potash added.

I have sometimes made mistakes, and intend that others shall profit by them, and hence shall report from time to time to THE WORLD'S "error column."

Your journal is truly *multum in parvo*.

DR. W. MONTAGUE, L. R. C. P. & S. (Edin.)
Dunnville, Ontario.

How Do You Deliver the Placenta?

Editor MEDICAL WORLD:

In answer to my request in the May number of this journal as to the method used by the profession in completing the third stage of labor, many answers came representing a wide range of this vast domain of ours. The teaching of the more recent writers being all in favor of the expression method, I expected to find it adopted by the profession at large, but such is not the case. Except from the state of New York, not one stated that he uses the "Crede method," most all using traction in some form. It would be impossible to give all the replies in the space that this journal would give, so I have chosen a few, taking one from each State represented, taking them at random.

Dr. J. J. L., of Indiana, says: "As soon as the child is separated from the mother I grasp the cord close up to the vulva with my right hand, and knead over the womb with my left hand When pain is induced I make slight traction, ceasing during intervals. The sooner the placenta is delivered after birth of child the better, few failures by this method."

Dr. C. H. H., St. Paul, Minn., says: "After waiting from five to fifteen minutes after delivery, I grasp the cord with my left hand, follow it up with my right until I reach its attachment, and hooking my index finger into substance I make gentle traction on cord, assisting removal by a twisting motion of right hand. In the mean time I have the nurse to steady the fundus with light pressure of her hands on the abdomen. In cases of adhesion I have always succeeded in detaching with finger. No extraordinary trouble with delivery of placenta."

Dr. F. A. Mc., of Illinois, says: "I deliver by traction, gentle usually, *always* sufficient to deliver, no failures."

Dr. N. L. F., Portsmouth, N. H., says: "For forty years my practice has been to pull gently but firmly and persistently upon the umbilical cord until placenta is delivered; but during all this time I have some one's hand on the abdomen to cause the uterus to contract."

Dr. C. B. R., Central City, Col., says: "As soon as the child is delivered I begin to knead the uterus through the abdominal walls until it expels the placenta into the vagina; this will vary in time from two to ten minutes. I never was obliged to use any other method."

Dr. J. G. B., Bisbee, Arizona Territory, says: "I grasp the cord with one hand and make gentle, steady traction for perhaps thirty seconds, when if the placenta begins to yield I continue traction until it comes away; if it is unyielding I continue traction, pass the other hand into the uterus, grasp the placenta and gently remove it. I do not believe in waiting. I never have a particle of trouble in practicing this method."

Dr. H. A. C., Gillmor, Pa., says: "As soon as the child is delivered I request pressure made over the fundus of the uterus; as soon as I am disengaged I make the desired kneading with one hand and with the other I make slight traction on the cord. I continue kneading and traction until delivery."

Dr. A. J. W., Smyrna, Tenn., says: "I apply with one hand gentle pressure upon the uterus until it is contracted; then I practice traction with one hand and with the other I hook down the edge of the placenta, converting a central into a lateral presentation, and extract by traction."

Dr. F. W. P., Binghampton, N. Y., says: "I deliver placenta by the Crede method."

Dr. ——, Mass., says: "After the delivery of the child, as soon as possible I determine the exact condition of the womb, and from that I determine the method of procedure. In a majority of cases I direct the nurse to grasp the fundus of the uterus, with the palm of her hand resting on the fundus and fingers and thumb on the sides, and direct a firm and steady pressure to be made, not especially downwards, but as though one would compress a rubber ball; this pressure is maintained until delivery is effected. To pull on the cord is bad practice. Never leave the patient until the placenta is removed. If the above method fails, etherize the patient, introduce the hand and from above downwards roll the placenta out. I do not think a practitioner is ever justified in using traction, or in forcing expression by the Crede method, or by allowing the patient to blow."

I give extracts of letters from ten States without comments on the methods adopted by any of the practitioners that have thus kindly responded to my request. I will leave criticism of the methods to the readers, and still continue my request to the profession, to report to me the method they are accustomed to using in completing the third stage of labor, as there are a great many readers of your valuable journal who are ripe in experience, and who have not yet responded to the request. It is for the benefit of all that this request is made, and as soon as possible I will make another report.

A. R. CAIN.

Senecaville, Ohio.

[Doctor, as we consider such inquiries a very great service to the profession, we will grant you as much space as may be required to make full reports.—Ed.]

Involuntary Seminal Emission.

Editor MEDICAL WORLD:

Your advice in THE MEDICAL WORLD of June may be good, but I think still better is:—

1. The cold hip bath just before going to bed. Let the patient sit in a tub of cold water for half an hour—the colder the better if he can bear the temperature without chilling. A good way is to have it moderately cold at first and lower the temperature by ice water gradually. Keep this up every night for some time.

2. Healthy, vigorous, constant work. It is nonsense to treat a lazy patient. It must not be make-shift exercises; it must be good old fashioned hard work.

3. Healthy, useful, engrossing mental labor. "An idle brain is the devil's work shop." The patient, to a great degree, is his own physician; otherwise all treatment is vain.

4. Unstimulating food and drink.

5. Regular, sober, quiet habits and surroundings; plenty of sleep, no *over* work of mind or body; good spirits, and healthy imagination; everything calculated to give good digestion; avoid nervous exhaustion.

T. B. WELCH.

No. 145 N. Twentieth St., Philadelphia.

A Tape Worm Successfully Removed.

Editor MEDICAL WORLD:

As the general practitioner is rarely confronted with a tape worm case, I fear the general literature of the day is calculated to mislead them into the belief that the worm is much more easily removed *entire* than is really the case, thereby causing them to desist in the treatment before securing the all-important end, *i. e.*, the head.

To illustrate I would report my last case *successfully* treated:

Patient, a woman forty-three years of age, in good flesh, rather fat, reported for treatment May 2d, showing sample of worm.

Having noticed a sure treatment in recent issue of MEDICAL WORLD, by E. H. Hensler, M. D., recommending:

℞ Ext. filic mar. (male fern).....7 ʒ (ʒ i ℈)
Divide in capsules. ..... No. xij
To be given after breakfast. In from two to three hours patient will be relieved of tape worm.

I decided to try the above. My druggist

failing to find the drug in our city, is instructed to order some immediately from New York.

Patient and drug on hand, May 8th. Treatment commenced at eleven o'clock, a. m., taking the twelve capsules in two hours. Not feeling sure that the ext. feli. mar. would operate sufficiently I also gave patient f ʒ j ss castor oil, containing gtt xv spirits turpentine, to be taken in one hour after the last dose of feli. mar., and also ʒ j epsom salts, to be taken in a tumbler of water one hour after the oil, feeling satisfied that the above ought to get away with any ordinary worm. I called around at five o'clock, p. m. Patient informed me that she had not yet had an action, but from the way things were moving around she thought she would soon. I thought so too, but to be sure, I instructed her to take a large enema of warm water, and if the worm, with head, was not passed in one hour, to swallow the contents of a vial which I gave her containing castor oil ʒ ss, croton oil gtt ss, chloroform ʒ ss, and be sure to report at my office next morning at nine o'clock.

May 9th, nine o'clock, a. m.: Patient reported promptly, presenting disjointed samples of matured worm. Informed me that they were alive and moving when passed. She had taken no food since eleven o'clock of the day before. I now gave her a vial containing castor oil f ʒ j ss, spirits turpentine gtt xv, chloroform ʒ ¾, with instruction to swallow from the vial. I also gave her ʒ j ss epsom salts to be taken in twenty minutes by the clock after the oil, and to report to me at twelve o'clock, noon.

Twelve, noon: Patient reported, presenting me a quinine bottle nearly half full of worm, which on carefully examining I found to contain head, neck, and great portion of body entire.

I would here state for the benefit of those not experienced, that the head of the worm is so very small that it can be very easily lost or overlooked, being in this instance not larger than a mustard seed, and requiring a magnifying glass to note its formation, while the neck for several inches is not larger than a number five sewing thread.

The above case had been treated by others unsuccessfully.

A. E. DUGAS, M. D.

No. 247 Broad St., Augusta, Ga.

Reply to Dr. Doane.

Editor MEDICAL WORLD:

In the June number, page 213, in an article on the treatment of cerebro-spinal meningitis, Dr. Doane undertakes to inform the readers of THE WORLD what the homœopathic physician, "if honest," would recommend in the treatment of the disease. If the doctor "honestly" believes his statement to be true, he is greatly mistaken in his notions of homœopathic treatment, and ought not to object to being corrected.

While a physician prescribing homœopathically *might* consider opium indicated in the treatment of a case of cerebro-spinal meningitis, he would never think of giving it as a direct curative agent in doses large enough to "force the arteries, small and large, to do extra work in the hope of washing out the extra blood." The reason why the small dose was instituted early in homœopathic practice was to meet just such cases, and allow a drug to exert a curative effect without the production of a preceding, intensely physiological one. The Doctor's statement leads me to think that he is one who cannot believe that a drug may exert a positive therapeutic action without causing some active and perceptible demonstration on its part other than a cure of the disease, and as he will be more likely to be convinced that such a result may be experienced by one whom he regards as of his own medical faith, allow me to quote the following from Ringer's Therapeutics, which will at least illustrate the point: "By means of podophyllin the author has cured chronic diarrhœa of watery, pale, frothy motions, with severe cutting pain, even when the diarrhœa has lasted for many years. Two or three minims of a solution containing a grain of podophyllin in two drachms of rectified spirit should be given three or four times a day." Is not Dr. Ringer "forcing nature" when he prescribes podophyllin for diarrhœa accompanied by severe cutting pain? And yet we have his testimony that the drug cures it Now observe the dose. One grain in two drachms of alcohol equals 1-120 of a grain to a minim. His dose is two or three minims or from 1-60 to 1-40 of a grain. How much of a purely physiological effect would that dose produce in an adult? Would it be likely to "force nature?" By applying the principle involved, can the doctor not see that opium *might* be honestly and consistently given to a case of cerebro-spinal meningitis, not only without danger of aggravating the disease, but with some assurance of good results, providing the case presented symptoms very similar to those produced by opium? In fact, however, the homœopathic physician has remedies which are generally better indicated.

Drugs are not limited to *one* constant action, and it is a well known fact in therapeutics that with many drugs the effect of small doses is directly opposite to that of large doses, and is not the physician who recognizes that fact and applies it to the relief and cure of his patients better equipped for intelligent treatment of

disease than the one who only understands the effects of drugs in "full" doses?

Are not Dr. Ringer's cures of chronic diarrhœa by small doses of podophyllin far greater evidence of his skill as a physician than could be exhibited by one who only employed the drug as a cathartic? Would its healing action be less apparent to the patients cured because so easily and comfortably effected by such small doses?

It strikes me that the doctor in affirming what the homœopathic physician "(if honest)" would recommend. and then making a ridiculous *mis*-statement of the reasons influencing his recommendation, has shown that it would be far better to fairly and squarely "sit in judgment upon anyone's treatment" after fairly questioning and stating "anyone's views," than to disregard what is fast becoming a prominent therapeutic fact.

H. T. WILCOX.

106 N. 15th St., Philadelphia.

Treatment of Acute Rheumatism.

Editor MEDICAL WORLD:

By your kindness a few weeks ago I received a copy of THE MEDICAL WORLD, to which I am now a subscriber. It really is a gem of a world, giving for one hundred cents a thousand's worth of general, useful and practical knowledge.

After a practice of upwards of a quarter of a century, I will now give the readers of THE WORLD my favorite treatment of acute rheumatism. On first seeing the case if the bowels have not been well opened, I give a cathartic, say three compound cathartic pills, U. S. P., and then order the following mixture:

℞ Pulvis potassii nitratis.....ʒ j
Sodii salicylatis.....
Potassii acetatis .....āāʒ iv
Extracti ergotæ fld.....
Tincturæ aurantii.....āāfl ʒ iij
Aquæ destillatæ ad..... .....fl ʒ viij
M. S.—Tablespoonful every fourth hour.

When about the sixth dose has been taken the pain begins to leave. I continue on in the same way until all the pain is gone, then order the following:

℞ Pot iod.....ʒ j
Vin. colch. rad.....
Ext. sarsap. fl.....āā..fl ʒ j
Aq. dest ad.....fl ℥ viij
M. S.—Teaspoonful four times daily, and give one dose of the first mixture every night at bed time while there is any pain.

The mixture number one will surely relieve the pain, but if discontinued abruptly it will as surely return; but one dose daily will usually keep pain abated; if not, a second for a time may be used. Some may ask why the ergot is added to mixture No. 1. Any one who has had much experience with salicylic acid must have been perplexed with the ringing in the ears and head disturbance so often caused by its use. Now my experience is that ergot will entirely remove or prevent this trouble. I am in love with salicylic acid, and prefer it in the form of salicyliate of soda. Next to opium I think it my favorite remedy.

The only *local* remedy I use in rheumatism is to keep the painful parts well wrapped in cotton batting, and if the joints are much swollen and skin tense I bathe them occasionsionally with hot water. Since I have adopted the above treatment for acute rheumatism I cannot think of a case where it has failed me, or one where there has been any heart lesion left behind.

I should be pleased to have some of THE WORLD'S readers try my treatment and give their opinion of it.

T. CLOWES BROWN, M. D.
Surgeon Infantry School Corps,
Fredericton, Canada.

My Experience.

Editor MEDICAL WORLD:

Short notes are often useful. I send the following, which I hope will not be too large a "dose" for THE WORLD.

Carbolic acid, sulphite of soda, eucalyptus, all fail to benefit my cases of malarial diseases. Oil of erigeron, oil of cinnamon, pinus Canadensis fail to do any good in menorrhagia in my hands. I am not sure I ever saw any good results in such cases from ergot, tannin, gallic acid or alum. I am not sure I ever caused uterine contractions by the use of ergot; I am certain I have failed in many instances. I never had but one case of death from heart clot in pneumonia, and in that case I had given carbonate of ammonia several days. Bromide of potassium and lupulin do little if any good in spermatorrhœa.

Bromide of ammonium and bromide of potassium do much good in my hands in epilepsy —especially the first named. Pinus Canadensis is the most soothing local application in psoriasis and eczema from heat that I have ever used. Asiatic powder, used as pepper at meal time, is the best form in which to give arsenic; patients can take this when they cannot take Fowler's solution or Donovan's solution.

C. KENDRICK, M. S., M. D.

Corinth, Miss.

Dr. Cline's Reply on Typhoid Fever.

Editor MEDICAL WORLD:

It would require too much space of your journal to answer the many questions, so I have written per letter to some inquiries of the June number of THE WORLD. I do not keep a

record of my cases, so cannot give daily reports. But we will take it for granted a physician knows a case of typhoid fever when he sees it, then to the treatment; I give one drop fluid extract aconite (Tilden & Co.) with one-half to one dram spirits nitre every hour until moisture appears on the skin—then give at longer intervals. In the morning I give, at six and eight o'clock, three to five grains of quinine sulph. About the second week, or when the tongue becomes red and dry, cracked and fissured, I begin with turpentine mixture, teaspoonful every two hours, giving about five drops turpentine to the dose; then add quinine with mixture and discontinue morning doses. As soon as I find the least tender spot over the bowels I begin with mush poultices as hot as can be borne, with finely ground black pepper stirred in—several large tablespoonfuls to each poultice. I always try to see my patient morning and evening. Of course I vary sometimes in giving the treatment, as to hours. If I find the liver torpid I give calomel, one to three grains, with Dover powder, five grains, for several nights, but never give over four doses. The nitre will produce all the sleep the patient needs. Since the article in May number I have had two typhoid-pneumonia patients of twenty-one days duration and both are now walking about. The average duration, or from taking to bed to convalescence, is twenty-one days.

Self-limited as typhoid fever is, (in my opinion) no cutting short is possible. I aim to conduct my patient through it as safely as possible.

I never use whiskey until fever subsides then whiskey and milk freely.

Any inquiry by letter gladly answered.

I know since the Saviour's advent there have been "doubting Thomases," so to them I have nothing to say—such has been my success, and all they can say or do cannot change it.

In reply to Dr. Putnam, New York, I would say that if I had a case of acute lobar pneumonia to treat, in a strong, robust subject, I would begin with five grains of quinine at six and eight o'clock in the morning, with fluid extract of aconite one drop with spirits of nitre one dram every hour until moisture appears on the skin. Envelope the entire chest in a mush poultice as hot as can be borne, with ground mustard sprinkled on side next to the patient's body. If the mustard burns too much—then sprinkle black pepper.

To aconite and nitre, I would add wine of ipecac three to five drops. After fever subsides and patient is weak, give whiskey and milk, chicken broth, etc. Good judgment, attention to patient, and as little changing of medicine as possible, will always work to the good of the patient.

When changing poultices always have one ready to put on, so as not to chill the parts.

Tom's Brook, Va. W. S. CLINE, M. D.

Post Partum Bandage.

Editor MEDICAL WORLD:

My confidence in the wisdom of our fathers who taught that the blister, plaster, scarificator and cups, and the lancet were in many cases essential to the successful practice of our profession, is still firm and unshaken, and I also feel firmly assured by results in my own practice, that they were equally correct and prudent in recommending the utility and benefits of the post partum bandage.

If called to a patient struggling in an apoplectic seizure, insensible, foaming at the mouth, with a strong, corded and bounding pulse, I would at once resort to the lancet, feeling that his best and perhaps only chance of life lay in its free use. On the contrary, if I found him as above described, but with a feeble, irregular or intermittent pulse, I would expect nothing but harm to follow its use. There are other diseases in which I consider the use of the lancet imperative—pleurisy, insensibility from lighting stroke, etc. If one does not know *when* and *how* to bleed, it is safest to discard the lancet, but it is very unjust to condemn those who do understand and appreciate its value, and have many times experienced the most remarkable and happy results attending its use.

But for the present we will take leave of the "lost art," and come to the mooted question, the use of the post partum binder or bandage. I feel sure that a *properly adjusted* bandage places the mother nearer her true physiological condition—*i. e.* her normal condition before impregnation—than she could possibly be without it, by reason of its support to the long distended and weakened abdominal muscles, enabling them to regain their tone more readily. It also supplies mechanically the natural support which these muscles, in the natural condition, give to the abdominal viscera and venous circulatory system. Without its aid it seems to me these organs would surely be more liable to fall into a pathological condition. If this be true, then post partum hemorrhage, sensations of sinking, and syncope are rendered less frequent or altogether absent by its aid. Not being a "lazy doctor" I have always carefully applied the bandage myself; and, when the bandage is inferior, I give strict orders to the nurse to see to its being kept in place. My patients have invariably expressed themselves as feeling great comfort from its use, and I have never had the

misfortune to lose one from post partum hemorrhage.

Thirty-seven years, "look down upon" this experience. Regarding the bandage, it should be made to fit the person, giving ample space over the innominate regions, and fitting closely above the floating ribs, fully covering the entire abdomen from epigastrium to pubis, sustained in shape and place by whalebone splint in front, just behind the eyelets. Such a bandage will not get out of place or require any attention save occasional tightening. A straight muslin bandage can be so applied if proper pains are taken, so as to fill nearly every indication, but it will require more of the nurse's attention to keep in place.

In conclusion, MR. EDITOR, I read that women in Germany, where the bandage is ignored, have large waists and huge, pendulous abdomens; while in England, where the bandage is used, the opposite obtains.

Madison, Ind. W. D. HUTCHINGS, M.D.

Post Partum Bandage.

Editor MEDICAL WORLD:

I wish to place myself on record as being in favor of the post-partum bandage, if properly adjusted by a physician who has faith in its use. I never use a remedy or appliance that I have no faith in. I use it because the authorities advocate it, because my experience has never taught me that it was harmful or that my success would be better without it. All my patients expect it and have faith in its utility, and are always better satisfied with its use.

On the contrary, if the bandage is not used, and hemorrhage, prolapsus, or any other bad result follows the confinement, it is always laid to the absence of the bandage and the physician is blamed.

That some physicians never use it and are successful does not convince me that I should abandon it. From the evidence so far given in THE WORLD, all seem to agree that it gives the patient more comfort. What we want to arrive at is: Does the *proper* use of the bandage induce unfavorable results?

Are we certain that in cases of retro-version, prolapsus, etc., occurring when bandages are *properly* used are attributable to the bandages? All remedies and appliances that are potent for good are equally potent for harm when not *properly* used.

The limit of this article will not permit me to give my ideas of the proper use of the post-partum bandage, but if they are considered worth recording I shall be pleased to comply at a future time. CHAS. H. HOUPT, M. D.

199 E. 7th Street, St. Paul, Minn.

[We would be pleased to have Dr. Houpt's ideas upon the proper use of the post-partum bandage.—ED.]

Post-Partum Bandage.

Editor MEDICAL WORLD:

Acting on the suggestions of Dr. Ainsworth, of Iowa, I forward my method of applying, and my opinion of the advantages of, a post-partum bandage. There are many injurious contrivances for this purpose—some of them very good—most of them from middling to bad. Very few keep them on hand. I discarded them all some time ago, and now only use a piece of soft, unbleached muslin, long enough to encircle the patient and overlap two or three inches, and wide enough when doubled to reach from the ensiform cartilage to about three inches below the trochanters, say about eighteen inches. Have the patient on her back, perfectly straight, limbs close together, edges of the bandage parallel, and no wrinkles any place.

Beginning at the top, draw together tightly, insert or pin about every two inches all the way down; then begin at the top again, correct every uncomfortable tension, and tighten where it is too slack; repeat this process till the bandage fits like a glove, leaving it a little easy where the upper pin is inserted. Put on in this way it will keep in place till the volume of the abdomen is very much reduced, when it will require to be tightened up again, which should be done in about six hours. After that twice a day will be often enough till the uterus is well down in the pelvis, and the figure is reduced to about the normal shape. This generally requires three or four days. After that time it may be discarded, except when the back is weak or there are other indications to continue it longer. For the sake of cleanliness the bandage should be changed at least once a day. How a "binder" applied in this way can be a "fruitful source of mischief to the patient," "flatten the uterus," or "act like a ligature," is a puzzler, and I fail to see much of the "old granny" about such a process either.

The advantages can be briefly stated: a good moral effect; without it there is an incompleteness about the treatment; the woman realizes that the struggle is over, and feels safer and more satisfied that something has been done for her; it prevents hemorrhage, relaxation of the womb, and all "goneness" (whatever that means—incipient syncope, I suppose); acts as a gentle excitant to uterine contractions, till the exhausted, paralyzed abdominal muscles regain their normal tension, and like a brace or splint supports the back and all those parts of the body that are suffering from the shock.

R. FARRIES, M. D., Lexington Ave., New York.

Post Partum Bandage.

Editor MEDICAL WORLD:

I am an ardent advocate for the continued use of the post partum bandage, notwithstanding the serious objections urged against its use by some of our experienced practitioners. Of course I mean by this a bandage of sufficient width and proper construction, so that it will conform to the angularities and anatomical structure of the female form, and not just a straight piece of cloth. Such a bandage will keep its proper position without being pinned so tight as to act as a ligature. A glove-fitting bandage is such a source of comfort to the woman, enabling her to change her position in bed with more ease, comfort and safety. It relieves backache, and is an excellent protection from hemorrhage. It holds the womb in its proper position, gives it rest, and produces a slight pressure which reduces the engorgement of the uterus, hastens involution and restores it to its normal condition. I bandage my patients upon the same principle that I would strap an enlarged mamminary gland—to keep it in position, give it rest, and to produce slight pressure to hasten absorption. Usually the abdominal parietes are tense enough to keep the womb in its place, but in a woman just delivered of a child, with her abdominal wall greatly relaxed, an enlarged and engorged uterus, it isn't safe for her to move, for if she should happen to turn upon her side, her womb, to use a homely expression, will roll about like a pumpkin in a loose sack. Thus the normal axis of the uterus is destroyed, and subinvolution and procidentia result. Close attention to bandaging and other minor details will be productive of good results, and will vastly increase one's obstetrical practice. If Dr. B. P. Reese will add a proper post partum bandage to his armamentarium described in the June number, page 209, his outfit will be complete.

I consider THE WORLD the best medical journal for the general practitioner extant.

New Jasper, Ohio. D. E. SPALER, M. D.

Post-Partum Bandage.

Editor MEDICAL WORLD:

Since the article on post-partum bandage was sent on for publication [published in June number, page 205.—Ed], two more replies have been received. One uses the bandage, the other writes that he does not use it. Has been in practice twenty-five years, and has not used the bandage "more than a dozen times." He says: "I consider the bandage as being a great source of annoyance and inconvenience to the patient without accomplishing any good."

Charlotte, N. Y. S. J. SMITH.

Fornication and the Prevention of Conception.

Editor MEDICAL WORLD:

The evangelist who denounced the doctors who prescribed fornication for the relief of surcharged *vesiculæ seminales* has some good foundation for his remarks. I heard a celebrated Professor of Surgery, of Harvard, in 1871, state that sexual intercourse was the only cure for such disorders, especially when there was much nervous disturbance produced by the superabundance of semen. He stated that he had prescribed it and thereby cured his patient.

This was part of the treatment recommended to the students, many of whom are now medical practitioners on this continent, and I have no doubt some of the doctors who heard that lecture have followed the advice of the celebrated teacher—I did not agree with him then, nor do I now.

In your remarks in the May number of THE WORLD you stated the question fairly so far as the improvement of mankind in this regard goes, and noted the difference that exists in the sexual ardor of the sexes. But I think you ought to have protested more strongly against the idea that fornication is *necessary* to any man in this age. We have numerous drugs that will, with a reasonable amount of self-restraint and plenty of exercise, hold the passions of the strongest in check without any injury to health.

As it is both cowardly and criminal for a man to seduce a woman simply to gratify his passion and refusing to accept any responsibility of the possibility of conception, no medical man ought to allow himself to fall so low as to give such advice; and when one should do so, be he a professor or a poor city doctor, (few country doctors would dare to give such advice as their reputation would soon be destroyed) every lover of good morals should hiss the scoundrel out of town; and if the patient so advised should be compelled to go to some harlot for his relief and thereby contract a venereal disease, would he be in a better state of health than if he had expended his force in muscular exercise? But nature has provided for this very thing. Nocturnal emissions are the relievers of the surcharged organs. A good dose of bromide of potassium when the *furor* comes on, will give perfect relief until the man can marry, and then in a temperate, soulful way enjoy the pleasures and assume the responsibilities of paternity.

Our noble profession should always help virtue and hinder vice. Burns, the great Scotch poet, knew well whereof he spoke when he said fornication

* * "hardens all within,
And petrifies the feelings."

Dr. F. W. Putnam, in the May number of

Medical Summary, of Philadelphia, has an article in which he argues that it is "lawful and just" to prevent conception. Now it seems to me that these two doctrines are twins born of lust and avarice. If fornication is allowable, then of course the prevention of conception is both "lawful and just." The coitus for such a purpose is not for the benefit of the whole being and the race, but simply for the *vesiculæ seminales* and sexual nerves. But Dr. Putnam refers more especially to the prevention of conception in married women by their lawful husbands. The sexual instinct in all animals is so strong that they are bound to pro-create their kind or die in the attempt. Hence we see even mankind risking life and health for the sake of their offspring. But in what undertaking does mankind obtain so much pure happiness as in the raising and training of children. Life is a battle, and unless we leave behind us plenty of children death is a defeat. If from misfortune or physical defect some are deprived of the blessing of children, let those of us who are more fortunate sympathize with them and thank Heaven for ours.

Hence, I argue that none should cohabit who are not prepared to take the full responsibility of paternity and maternity. All other is robbery; and when a man and wife are unwilling to rear children they should abstain from sexual intercourse.

Comparatively few women die from child bearing. Ramsbotham's tables show that out of 48,996 deliveries in the London Lying-in Hospital, only 162 women died from purely puerpural causes. Besides, the prevention of conception entails worse evils than child bearing. It often inflames the womb, deranges the nervous system, sours the temper, encourages quacks, and induces thousands to take drugs that often do more injury than child bearing. Abortion is another child of lust and avarice which has ruined thousands of women and destroyed not a few doctors, who, for large fees, have undertaken to free the unnatural woman of the fruit of her womb before maturity. I hope no reader of the WORLD is guilty of any of these things. THOS. W. MUSGROVE.

Carleton, St. John, N. B.

A Case for Diagnosis and Treatment.

Editor MEDICAL WORLD:

Please allow me space in your valuable journal to ask a favor of the fraternity. I have a patient, female, fourteen years old, suffering with epilepsy, though the case is a very strange one to me, and I may be mistaken in my diagnosis. I will give history and a few symptoms of her case. Four years ago she had a severe attack of malarial hemorrhagic fever, from which she had finally recovered when she was again taken with a violent spell of convulsions, lasting ten or twelve hours. After that her left side became paralyzed, this trouble lasting four months, when she seemed to have recovered her good health again. For the last two years she has been troubled with a severe pain over the right eye, coming on every month or two, lasting twenty-four or forty-eight hours. Her mother tells me that while she is suffering with this pain, if she does not keep her under the influence of an anodyne she has one or two hard fits. She is deathly sick, vomiting frequently, before she is relieved of the pain over the eye. She has taken iron, quinia, strychnine, belladonna, bromides, and some of the valerinates. I have used counter-irritations heroically, all to no purpose. Now will some of the brethren please diagnose this case and give me a remedy that will benefit my patient?

Warwick, Ga. J. N. RIDLEY, M. D.

When Should the Umbilical Cord be Tied?

Editor MEDICAL WORLD:

Finding a great difference in the views of writers for medical journals in reference to the proper time to tie the umbilical cord, and having been engaged in an active general practice —including a large share of obstetrics—through a period of thirty-seven years, I will venture to give, for what it may be worth, an opinion upon this unsettled question. It would be superfluous to say that in the great number of parturient women whom I have been called to attend, almost all the varieties of positions, presentations, etc., of child, and difficulties attendant thereon, have been encountered. In all of these cases, however, the cord has been strongly ligated and cut *immediately* after birth of child. The good results attending prompt —if allowed the word, impromptu—ligation in the case of an asphyxiated child, occurring in the early part of my practice, directed my attention to this point, and subsequent years of experience have confirmed my faith in the utility of early ligation. I have no doubt this method has saved the lives of a number of infants, and myself the mortification of a stillbirth. At all events, it has not been productive in my hands of the loss of one.

When called to the lying-in woman my first endeavor is to ascertain whether labor has actually "set in." If so, my next is to make sure a strong ligature is made ready, (the cord should be so firmly tied as to prevent the possibility of hœmorrhage.) My haste in ligating has always been greatest in breech, footling and forceps deliveries, and the results have been such that I would urge its importance upon the attention of my son, should one of them be so

unwise as to throw away the happiness of his life by studying and practicing the profession of medicine.

Whether right or wrong in theory, success is the desideratum of the practitioner.

The reasons governing me in this method of proceedure are:

1st. The *fœtus does not receive its blood from open*, i. e. *continuous vessels directly from the mother*.

2nd. The placenta is in a great many—not to say the majority of—cases detached when the child is born, thereby becoming non-vitalized, and hence cannot return oxygentated blood to the child.

3d. The child's heart continuing to act after its expulsion, propels the blood from its own vessels, while the placenta conveys comparatively none in return.

4th. Hence the child may, and in many instances *actually does, bleed itself to death.*

In conclusion I deferentially submit the above scrap to the consideration of the profession, and hope to hear from some of its members through THE MEDICAL WORLD.

Madison, Ind. W. D. HUTCHINGS, M. D.

Health and Disease.

Editor MEDICAL WORLD:

Life and health rest on chemical bases and changes. The active materials of the body are its acids and alkalies. In health there is a predominance of acid over alkaline elements, and the excreting organs carry off this excess; should they, however, fail to do so, the excess, beyond the requirements of the body in health, becomes organized and originates disease. This effect is shown on all the mucus surfaces and forms the first step in disease, which is a congestive state affecting chiefly the blood in the *venous* system. The organs first affected are the stomach, next the upper part of the lungs, which, if they fail to purify the blood elements completely, become congested also. Thus the first process of disease is governed by a law, which is, functional disturbance by aggregation.

The tongue (see page 170, May number) shows this state and its progression, and fouls or furs at the back part or root in the centre and at the sides; but it cleans in returning health from the anterior or tip and at the sides, towards the middle and back part.

In seromembranous diseases the tongue is seldom red, but usually thickly furred and moist, indicating a congestive or acid state; but if the fur become dry, brown and rough then these serous membranes are in an inflammatory (or alkaline) condition.

Diseases therefore should be divided into two classes; the *Acid* or congestive state, indicated by the white tongue, and the *Alkaline* or inflammatory state, indicated by the red tongue.

The inflammatory always follows the congestive state, never precedes it, and is due to the removal from the system of its free acid elements.

Another means which nature adopts to rid the system of excess of acid elements, is by vomits, purges or eruptions on the skin.

All diseases depend on certain general conditions of the system, and any organ or organs which may be more severely attacked than the rest are but the weakest in the system.

An excess of acid in the system produces, in the scrofulous, enlarged glands and leads to consumption.

In congestive states of the throat and air passages, open air is beneficial; but in inflammatory state, as when sore, ulcerated or inflamed, and enlarged tonsils, it is injurious.

Never starve a congested mucous membrane, but do so, or nearly so, with an inflamed one.

Perspiration is present in all lung diseases when the mucous membrane is affected, but a pungent, dry heat is present in the skin when the serous membranes are involved, as in pleurisy and pneumonia.

Consumption or phthisis originates in the general want of power in the glandular system long before the lung tissue becomes affected.

For congestive state of the lung, cold, dry air is most beneficial, but in inflammatory state a warm, moist air, about 65°, is best.

In neuralgia, which is congestion of the nerve sheaths, which are supplied by a close net-work of blood vessels, give alkaline remedies.

In inflammatory states of the system digestion is difficult and solid food should not be given; and when either the stomach or lungs are implicated in disease, the dietary should be of the simplest kind and *fluid.*

All fevers, excepting scarlet fever, may be checked at their onset by emetics.

DR. C. COLEMAN BENSON.
113 N. Charles St., Balto., Md.

Bright's Disease of the Kidneys.

Editor MEDICAL WORLD:

Patient, Mrs. W., aet. 45, had suffered for over one year with Bright's Disease of the Kidneys. The urine and dropsy in her case possessed the greatest diagnostic value. The urine is generally diminished in quantity, and the specific gravity will vary from 1.010 to 1.020 or 1.030. Albumen is usually present in large quantities, containing hyaline and epithelial casts of a dark, smoky color, changing often to reddish or brownish. There is also œdema of the face

and lower extremities. She suffers also from gastric and cerebral symptoms.

While I am fully aware that a majority of patients will recover from this form of Bright's Disease, the evidences in the urine may continue for a long time and then finally disappear permanently; yet some cases pass on into the chronic form of the disease.

This case under consideration is, no doubt, of a chronic character, considering the length of time of her ailment. When called in, I found great evidence of œdema of lungs, face enormously swollen, the greatest dyspnœa possible. What had to be done for her was to be done quickly, and leave a decided impression behind.

I at once put her upon elaterium, which was followed by very free action. I also ordered ni ro-glycerine, one drop three times a day of a one per cent. solution. Upon my second visit, after a lapse of two days, (the patient living some 18 miles away) I found her greatly changed, much to my astonishment. The œdema had partly left her; her face had assumed a more natural aspect, and the *dyspnœa entirely relieved.* There was only a trace of albumen in her urine; the specific gravity was 1.017 and the number of casts was exceedingly small.

The woman, at present, is doing nicely, and I cannot help ascribing her favorable condition mostly to the above remedies, and there is no doubt in my mind that I shall be able in due time to report her recovery. I shall place her now on a tonic regimen, especially on some ferruginous preparation, keep up a gentle diaphoretic action with pilocarpine, and a rather more than ordinary soluble condition of the bowels.

Will some of my professional confreres try the above treatment and report their success through the medium of THE MEDICAL WORLD?

WILLIAM H. OLSTEN, M. D.

Ephraim City, San Pete Co., Utah.

A Diagnosis Wanted.

Editor MEDICAL WORLD:

I will furnish to you the history of a case treated by me for some months, upon which I have not yet made up my mind, and would be most indebted to you for an opinion as to seat of lesion, prognosis, and treatment you would adopt, or perhaps that of some one of the many readers of your excellent journal.

P. L., aged 34, was struck on left side of body sixteen years ago by a falling tree, and was thrown several feet by the blow. The pain was not severe and he resumed work in a couple of days. Three years after he had a severe attack of typhoid fever lasting three months, accompanied by bronchitis. After convalescence he noticed a discharge like the white of an egg following the voiding of urine. He was, however, comparatively healthy till an attack of jaundice came on about seven years after the attack of the fever. He then first noticed a white sediment in the urine, which the attending physician told him was pus. From then till January 1886, when he first consulted me, he was able to do his work as foreman of a flax mill, working all day, and made no complaints, except a sense of weakness across small of back, tired in his limbs, and some dyspepsia. On this date he sent for me, and told me as he had accidentally consulted a physician visiting the village from a distance the day before, he wished me to examine him and express an opinion as to the disease, to see, as he said, how we agreed. I pronounced it malarial fever, and told him some might call it typhoid, which he said the other physician had called it.

His symptoms at that time were extreme prostration, ashy hue of countenance, slight rise of temperature, about 2° above normal, tympanitis, very foul tongue and breath (which latter symptom, and loss of appetite were very obstinate for two weeks at least). His pulse ran from 80 to 100 and fell later on from 50 to 60 per minute. He slept well, bowels costive, so that opening medicine or injection had to be constantly brought into use. He has lost considerable weight from January 15th to beginning of April, (during which time I treated him,) say about thirty pounds. Shortly after my first visit, on examining the urine, I found large quantities of pus, which has continued in varying quantities up to present as much as ℥ j of pus in ℥ viij of urine.

The urine has been, and is now, very acid, even after several hours standing; specific gravity normal. On testing with nitric acid and heat, permanent deposit is left, which on shaking, however, is easily scattered in the urine.

My treatment was, besides sustaining treatment, animal charcoal ℥ ss doses several times daily, which cleaned the tongue, and the foul breath improved surprisingly. The following tonic was given for a long time, with emulsion of cod liver oil:

℞ Pot. chlor. ..... ℥ ij
Acid mur. dil. ..... ℥ iv
Tr. ferri chlor. ..... f℥ iv
Glycerini ..... f℥ iv
Aquæ ad. ..... f℥ iv
M. S.—f ℥ in cold water four times a day.

I also gave him at times, pepsin. He had a good deal of perspiration, especially at night, and some headache and pain in limbs, so that I feared pyemia. That however, with above anxieties, has happily been averted, so that today, and for several months, he is again at work,

has regained his best weight one hundred and seventy pounds, is full in the face, and able to do his work. With the exception of muco-pus expectoration and slight gastric disturbance, he is well although pus in the urine still continues. Two weeks ago, whilst in a neighboring village, whilst feeling quite well, he was suddenly seized with excruciating pain over the left kidney. He called upon an excellent physician of the place, who pronounced it renal colic caused by the dislodging of a calculus and its passage through the urethra. He put him in a bath when the pain ceased, and he passed on his way the following day as usual.

I may just say that his father and mother are both living and healthy.

I have diagnosed pyelitis, though why the urine should be for a week or two at a time free of pus I cannot tell. Was the attack spoken of as typhoid and malarial fever really so or only the hectic of pus poisoning? I can hardly fancy the kidney much affected, and him enjoying such good health so long.

G. SCHMIDT, M. D.

New Hamburg, Ontario.

P. S.—In giving treatment I forgot to say that I ordered free libation of fresh water so as to wash out the kidneys—no increase of pain followed overwork of kidneys from that. G. S.

Unyielding Os-Tincæ.

Editor MEDICAL WORLD:

In the May number of THE WORLD, page 178, Dr. B. C. Thomson reports an interesting case of an os that was unyielding. It called to my mind three cases which fell into my hands, the treatment of which may help in similar cases. The first was a woman who had married late in life, aged about thirty-seven years. It was her first labor. I found the os just large enough for one finger to enter easily, and feeling almost as hard as a bony ring. This alarmed me. But without showing my alarm, I quietly rubbed some belladonna ext. with an equal part of a thin oil, and smeared about one drachm on the neck of the uterus. This was repeated several times in four hours, at the end of which time the os had gradually dilated. In two hours more the child was in my hands, and mother and child did well.

The second case was where a midwife had "failed to get the after birth." Twenty-four hours after delivery, I found the os closed so tightly around the cord that I could, only with difficulty, press my finger in beside the cord. I smeared my hand with belladonna ointment and pressed my index finger in beside the cord. Then by patiently rubbing and expanding the os, in thirty minutes I could get two fingers in; and thus one after another all the fingers were introduced, and finally the whole hand. I found the placenta adherent at one point; this was pressed loose with the ends of the fingers. Then gathering the entire placenta below, and partly in my hand, I tickled the fundus with my index finger (Bedford's method); contractions came on and the hand and placenta were expelled together. This required about two hours from the beginning of the operation, and my fingers were paralyzed for an hour afterward, from the long aud severe pressure upon the hand from the contractions of the uterus. Of course when the contractions came on all work with the fingers ceased till the contraction was off.

The third case was like the second, and treated in the same way, only in less time, namely, one hour and a half. These three cases did well. Some years previou to the first case described, and before I adopted this method of dilating the os, by the use of belladonna ointment and the manipulation described, I lost a case. Convulsions came on and the patient died very suddenly. In later years I find that for a rigid os, time, patience and rubbing, a a good supply of belladonna ointment, are my most valuable remedies.

Newport, N. C. E. L. PERKINS, M. D.

Laws Regulating the Practice of Medicine in Mississippi.

Editor MEDICAL WORLD:

Two medical censors, chosen by the State Medical Association, in each Congressional district, meet twice each year to examine applicants for license. All submit to examination regardless of diploma. Section 17 of the law permitted all physicians in the State to procure license, within four months after its passage, without examination. Under this section 1785 physicians obtained license. About twenty old physicians, who failed to apply until it was too late, have been permitted to practice by special Act of the Legislature. About one hundred have secured license by examination. Travelling quacks are not licensed at all.

Persons desiring to practice dentistry must be examined by a board of dental examiners regardless of the degree of D. D. S. These laws have been in force four years, and have done much good.

Corinth, Miss. } C. KENDRICK, M. D.
Member of Miss. Legislature.

Pleurisy with Effusion into Right Lung.

Editor MEDICAL WORLD:

The report of a case of abscess in right lung, in the June number of your journal, reminded me of a post-mortem examination which I, with

others, made over thirty-five years ago, on a man who was supposed to have died of consumption. Upon opening the right side of the chest I dipped out several quarts of a liquid resembling very thin Indian gruel. The right lung was contracted down to the spine and to about two inches in diameter, and perhaps six inches in length. It had two holes through it, through which the patient had been accustomed to draw more or less matter every day, and spit it up. His brother wished to have an examination to decide the cause of his death, and was greatly relieved to know that he died, not of consumption, but of an overlooked and neglected case of pleurisy, with effusion into the right side of the chest.

Portsmouth, N. H. N. S. FOLSOM, M. D.

Malarial Hæmaturia.

Editor MEDICAL WORLD:

A writer in the June number of THE WORLD calls for treatment of malarial hæmaturia. Hæmaturia occurs as an intercurrent affection accompanying pernicious intermittent or typho-malarial fever so frequently as to be considered by practitioners quite common in this section (the southern portion of Louisiana), and is treated after the following plan, with a reasonable amount of success:

A purgative of calomel with Dover's powder or bi-carbonate of soda, as the case indicates, is given to clear the intestinal canal and excite the functions of absorption and secretion, which are usually impeded or obstructed, and also to excite the functional action of the liver, which is usually dormant. This is to be repeated the second and even the third or fourth day, if necessary, in extreme cases of functional inactivity. Follow this by sulphate of quinia in five grain doses every three or four hours until the symptoms of cinchonism are sufficiently marked to show the controlling influence of the remedy. In cases where the gravity of the symptoms would seem to indicate a more hasty action I have ordered twenty grains at once, and the patient to be kept under the influence of the drug until the fever is under complete control. At the same time tincture of gelseminum, or, if there is any evidence of hyperæmia of the mucous lining of the stomach, tincture of veratrum viride is given in from five to ten drop doses hourly, to exert a sedative action on the circulatory system. Hæmaturia usually appears about the second or third day, but may make its appearance sooner, rarely later, except in those grave cases of typho-malarial fever, with frequent relapses, that appear to have inevitable tendency to a fatal result. The remedies that I have found most effective to control this serious concomitant of remittent fever are as follows: Take of fluid ext. of buchu fl. dr. 3, tincture of the muriate of iron fl. dr. 1, and water fl. oz. 1. Mix and direct a teaspoonful every four hours. The second, and in severe cases the third, doses may be given at shorter intervals. When the fever is subdued and the renal difficulty is under control, stimulants should be used rather freely and followed by chalybeate tonics. In lieu of the calomel, which is objectionable to many persons, I sometimes use a pill composed of compound extract of colocynth, 4 grs., podophyllin ⅓ gr., sub-nitrate of bismuth 4 grs., extract of hyoscyamus sufficient to make a pill. To be given every twelve hours until the bowels are freely opened and its alterative effect obtained. Following the above plan of treatment I rarely have any difficulty in controlling malarial hæmaturia.

If there is any remedy having a specific effect or action in malarial hæmaturia we have never found it to exert its peculiar influence over it in this section, and we invariably come to grief while waiting upon their promised relief. At the same time if any of the readers of THE MEDICAL WORLD have a better plan to offer, or even a specific remedy for this grave accompaniment of that hydra-headed monster malaria, no one will be more grateful than I.

Musson, La. A. W. TUFTS.

A Question of Diagnosis.

Editor MEDICAL WORLD:

A widow, æt 26, healthy, has a rigor or chill with fever after it; twenty-eight hours later, another. Tongue furred slightly at first, becomes more and more coated, and in three or four days brown. The bowels not constipated and easily acted upon by mild cathartics; stools yellow in color. Upon pressure in the ileo-cæcal region she would wince and cry out, but she declares it is not painful, and doesn't know why she cried out; some gurgling. The fever is not continuous; it is higher after a rigor, temperature going up to 105°, but in a few hours subsiding to 99° or 100°. There is no regularity in the return of the rigors; there are intervals of any number of hours, from one to forty-eight. The fever which comes may or may not be in proportion to the chill; a light chill may have a high fever with pulse 150, or a violent chill may not bring the pulse to over 100. The tongue cleans up and coats again, sometimes bearing marks of teeth on its sides, and again in a few days being free. Several times the tongue was perfectly natural. Patient in bed ten weeks now and weaker and emaciated. She has been delirious for longer or shorter times from a few minutes to ten or twelve hours. Rigors unaffected by quinine, bromides,

arsenic, iron, opium, aconite, gelsemium, veratrum, or nitrate of amyl; 30 or 35 drops of the latter drug inhaled had hardly perceptible effect. The fever was, I think, a little more liable to exacerbation in the evening and night, but not usually so. No regularity in anything; restless; no bedsores. If there is one thing more regular than another it is a tendency to laxity of the bowels—one to five actions a day, easily controlled by tannin or opium. Will some brother practitioner help me to a diagnosis? I incline to call it typhoid, but it is to me anomalous. This locality is 3000 feet in altitude; nights always cool, from 35° to 45°; days warm, from 90° to 105°; air very dry; soil alkali. If any point has been neglected I will endeavor to answer it. Patient still sick. B. F. HOLCOMBE, M. D.

Wilcox. Arizona.

Cholera Infantum.

Editor MEDICAL WORLD:

As the season is here for cholera infantum, I desire to call the attention of practitioners, to the treatment of that form of this disease in which it commences in the brain. very frequently manifested by convulsions. Perhaps in a majority of cases, the brain and nervous system. are more or less affected. as heat is the cause which depresses the vital forces, and by reflex action, congestion and inflammation of the bowels ensue

Formerly those cases baffled my skill, but now in all such cases, I commence with this prescription.

℞ Bromidi potassi.....ʒ j
Fl. ex. gelsemii .....ʒ ss
Aquæ.....ʒ iv
M. Sig.—Teaspoonful every two hours.

I continue to give this prescription as long as any brain trouble is manifested. This will stop the convulsions and reduce the temperature. In one, two or three days all the train of difficulties will be removed. In the mean time I give such other remedies as seem to be indicated. If there is no brain difficulty, I do not use this remedy at all. Last week I was called to a child, two years old, taken very suddenly with convulsions, high fever and frequent discharges. This remedy soon removed all nervous trouble, and child soon recovered.

Garnett, Kansas. JOHN A. HENNING, M.D

An Exception to Emission of Semen in Death by Hanging.

Editor MEDICAL WORLD:

In the discussion regarding the emission of semen as a means of diagnosis in deaths by hanging, I wish to cite a case from "The Medical and Surgical History of the War of the Rebellion," part I, page 400. "Case, A. W—, jailor, was hanged at Washington, Nov. 10th, 1865. The body was suspended for fifteen minutes. No rigor, no relaxation of sphincters, no seminal ejaculation. There was no lesion of the brain. The atlas and axis had not been luxated, and the spinal cord had escaped compression. Death resulted from apnœa alone."

This case contradicts Dr. Bennett's dictum, that emission of semen is a certain sign of death by hanging; yet does not contradict Dr. F. M. Hamlin's theory that emission, when it does occur, is caused by disturbance of the cerebellum or medulla oblongata by the rope.

Caldwell, O. GEO. E. FRAZIER, M. D.

Remedy for Hiccough.

Editor MEDICAL WORLD:

Various things are recommended by many doctors for this difficulty, and on their being tried they only serve to weaken one's faith in recommendations. But this one I have proved on myself and I can vouch for its efficacy. I advise no Naaman, the Syrian, to bathe in Abana and Pharphar, or to ring the materia medica changes on all exotic drugs from musk to jaborandi, (which latter I see recommended as successful in a desperate case by a Mexican doctor in *Ze Bulletin de Therapeutique*), without first trying a teaspoonful or two of English vinegar ("brown malt") sweetened with a little sugar if desired. I first saw it prescribed with success by an Australian young lady, for the captain of a vessel I was surgeon on, whom I had failed to relieve with the rather scanty means supplied by the nautical medicine closet on board. Although the relief was immediate, I was inclined to doubt the *ergo propter hoc* till several trials since proved that it was really due to the *post hoc*.

WM. ALLAN, *M.B. Cm. Edin. Univ.*

Janetville, Ont., Canada.

Information Wanted.

Editor MEDICAL WORLD:

I wish to ask through your columns for the best treatment for hysterical convulsions. I have examined all recent authorities and fail to find a satisfactory mode of treatment. Recently a patient of mine, female, æt 20 years, married, had a miscarriage, and one month after took hysterical convulsions; had perhaps five hundred or more convulsions in one week, but finally came out all right. Convulsions were very severe.

Another patient of mine, æt 39 years, since birth of first child, twenty years ago, has had severe pain in region of womb lasting about one day, always midway between periods. She is otherwise in good health. I would like to know the cause.

Seneca, Ill. M. D.

Lemonade Iron.

Editor MEDICAL WORLD:

For the benefit of subscribers I offer the following method of prescribing the muriated tincture of iron, as being the most palatable, elegant and altogether satisfactory method ever yet offered to the profession. Prof. Goodell, of Philadelphia, terms it "lemonade iron." I think it original with him:

℞ Mur. tinct. ferri.....ʒ iv
Acidi phos. dil.....ʒ vj
Spts. limonis.....ʒ ij
Syr. simp. ad.....ʒ vj
M. Sig.—Two teaspoonfuls in water after each meal.

The spirits of lemon is preferred to the syrup of lemon, as the latter would render the mixture too acid. I have found the above, combined with pepsin, an excellent tonic when indications are associated with feeble digestive powers.

Oswego, Kan. A. H. GARNETT.

For Dysentery.

Editor MEDICAL WORLD:

As the summer is unusually hot, and tending to unusual drouth, I append a favorite prescription, with symptoms calling for same, feeling very certain that there will be occasion for its employment. In griping in the pelvic region and discharge of blood and mucus from bowels (dysentery,) I use:

℞ Tinct. aconite.....gtt x
" colocynthidis.....gtt v
Aquæ dest.....ʒ fl iv
M Sig.—Teaspoonful every hour.

Garden City, Kan. J. H. HOLMES, M. D.

Hydrastis in Gastric Catarrh.

Editor MEDICAL WORLD:

I have had such satisfactory results with hydrastis in the treatment of chronic gastric catarrh that I am induced to report my experience to the readers of THE WORLD.

Mr. S——, æt 28, a hard student and of sedentary habits, came to me for treatment in April last, presenting the train of symptoms associated with that most diabolical of all earthly ills, dyspepsia: cardialgia, pyrosis, furred tongue, hebetude and a most distressing pain in the stomach that came on half an hour after eating.

My diagnosis was chronic gastric catarrh.

I prescribed a teaspoonful of the following mixture three times a day ten minutes before eating.

℞ Hydrastis (Lloyd's).....ʒ jss
Bis. subnit.....
Bi-carb. sodæ.....āā..ʒ ss
Acid carbolici.....gtt xv
Glycerini.....ʒ viij
M.—

After taking the above for one month he was restored to perfect health, eats and drinks what he pleases, sleeps well and is in excellent spirits—a condition he had not enjoyed for six years before.

Since treating Mr. S——, four other cases of gastric catarrh, including myself, who have been a victim to indigestion for ten years, have been treated with the same prescription with the like gratifying results.

In all hyperæmic conditions of the mucous surface, including the larynx, pharnyx and *primæ viæ*, the administration of hydrastis canadensis will be followed by happy effects. I invariably prescribe the excellent preparation of Lloyd Brothers, Cincinnati, Ohio.

Please allow me space to thank the many members of the profession for the promptness with which they came to my rescue in my "Obstinate case of Sciatica," published in the March issue of THE WORLD.

Many of the suggestions I consider very valuable. I shall certainly avail myself of them if I ever have another case of sciatica to treat.

I fully agree with Dr. Thos. W. Musgrove, *now*, that my patient has traumatic neuritis, and that immobility of the limb, and iodide of potassium was the proper treatment.

Mr. M——, age 48, farmer, of this place, has been afflicted with "irritable bladder" for eighteen years caused by a horse running away with him when a young man. I have prescribed everything recommended by the text books, with no material benefit.

Again I call on that part of the profession who have treated similar cases to give me the benefit of their experience either, by mai o through the columns of THE WORLD.

SAML. H. SINGLETON, M.D.

Weldon, Ark.

Typhoid Fever.

Editor MEDICAL WORLD:

I would have been very glad to have had Dr. W. S. Cline, of Tonis Brook, Va., with me during an endemic of typhoid fever in this village in 1880, 1881, and 1882. His success has been so remarkable that I would like to have seen the result of his treatment with some of my patients. My loss was 25 per cent., and the loss of other physicians in the village and neighborhood was equally as great. Every plan of treatment advised by good authority was tried. The acid treatment of Flint and DaCosta—the calomel treatment as advised by some recent writer—the carbolic acid and iodine treatment of Bartholow, and in many cases, I might say, no medicine was given. Those that received no medicine did quite as well as any.

With an experience of twenty years the fol-

lowing, in my opinion, is the best treatment. No medication should be given except for prominent symptoms. In the beginning, if the tongue is coated and bowels constipated I give five grains of calomel with three grains of bi-carbonate of soda. Should the fever be 104° F. or more, with hot and dry skin, my rule is, to remove all clothing, wrap him up in a sheet, place him on the floor on which has been placed a quilt covered with rubber cloth, and then sprinkle him thoroughly with cold water for ten minutes. This should be repeated when the temperature reaches 104° F. In the intervals, the extremities are frequently sponged with equal parts of cold water and vinegar. Later on in the disease, when the patient is weaker—the skin still hot and dry, I prefer sponging with whisky, and every night have his entire body well greased with fat meat. I eschew all antipyretics,—such as quinia, digitalis, antipyrin, etc. They are so apt to interfere with digestion, and in this way do more harm than good. As to diet I give in beginning milk diluted with lime water, in small quantities, frequently repeated. Later on beef tea, egg-nogg, etc. The beef juice I prefer is obtained by expressing with a lemon squeezer a select piece of beef steak which has been broiled just enough to crust both surfaces. I usually commence with stimulants about the middle of the second week. The diarrhœa is best controlled by bismuth and opium. Restlessness is soothed by frequent sponging with cold water and vinegar and an occasional Dovers powder. Delirium, when it occurs in the early part of the attack, is best treated by chloral, but later in disease morphia hypodermically is preferred. For tympanitis, cold compresses to the abdomen, and injections of spirits of turpentine and asafœtida,—I have never seen any good effect from turpentine in this very dangerous symptom used in any other way. Bronchitis, a very common complication, is best treated by dry cupping and carbonate of ammonia. Intestinal hemorrhage, by absolute rest, cold compresses to the bowels, and hypodermic of morphia and ergotine. Severe headache, so common during first week, is relieved by the bromides and chloral.

Bed-sores are prevented by frequently bathing the tender parts with brandy and camphor. Should the sores penetrate the integuments an application of equal parts of balsam copaiba and castor oil is good.

In conclusion, good nursing, fresh air, suitable diet and remedies to meet important symptoms as they are indicated, is the proper course to pursue.

J. M. COVINGTON, M. D.

Rockingham, N. C.

Painless Treatment for Gonorrhœa.

Editor MEDICAL WORLD:

I am perfectly astonished at Dr. Stanley's "best treatment" for gonorrhœa. His treatment is that of 1850 to 1870. It did very well then, but our patients, like all other people, look for progress in our profession. His formulæ are those of Gross and the lamented Stone, of New Orleans, forty years ago, and like those grand old surgeons, good in their day; but people now look for and expect painless treatment and quick relief. His treatment causes pain of terrible kind. A patient has just come to my office with gonorrhœa. I saw him first on the 10th instant (this is the 14th), and to-day he is about cured. I used the following painless treatment. Inject very slowly a two per cent. solution of Squibb's muriate of cocaine; then wash thoroughly with soap suds, (either cold or warm, to suit feelings of patient), made of water and sublimate soap. Then inject three times daily a teaspoonful of the following:

℞ Permangan. pot.....gr. ij
Phosph. hydrastis (?).....gr. v
Aquæ rosæ.....ʒ iij
M. Sig.—Inject as directed.

If the disease has been standing for some time give:

℞ Fl. ext. rosin weed root.....ʒ ss
Oil male fern.....ʒ j
Gin.....ʒ j
Mucil. acacia.....ʒ v
M. Direct:—Dessertspoonful three times daily.

If this does not cure readily and without pain, then consider my thirty years of practice valueless.

A. P. BROWN, M. D.,

Fort Worth, Texas.

For Amenorrhœa and Dysmenorrhœa.

Editor MEDICAL WORLD:

I herewith give two favorite prescriptions of mine, that I have used for several years in active practice, for amenorrhœa and dysmenorrhœa:

℞ Santonini.....gr. xxx
Glycerini q. s.....
M.—Ft. pilulas no. xl.
S.—Take two pills night and morning. If taken too often, or in too large doses, it will irritate the stomach, and dangerously increase the action of the heart and arteries.

For the same:

℞ Viburnin.....
Caulophyllin, of each.....ʒ
Gelseminum.....grs. v
Mix and divide into ten powders.
S.—Dose, one every two hours until relieved.

Success to THE WORLD.

Flora, Fulton Co., Ark. DR. R. H. HANNAH.

Determination of Sex.

Editor MEDICAL WORLD:

Pardon my presumption in attempting to reply to an article in your journal. I am only the widow of a physician, who, during his lifetime was a subscriber to very many medical journals. Partly owing to his ill health and large practice, I read his journals to him, and partly because in time I became interested in them. It became my practice to read them all carefully. It was about eight years ago that I first read an article on determination of sex, by a famous French physician (I have forgotten his name), who was at that time in charge of a lying-in-hospital in Paris, if I remember correctly. I called my husband's attention to the subject, and he laughingly replied that perhaps I could find out what he could not, and that it was good work for a woman. The French physician claimed to have experimented with animals, and taken such evidence as he could obtain from women, and proved that in nine cases out of every ten he could be sure of the sex before birth, and even the remainder he thought would be due to a want of knowledge, rather than a failure of the principle. He claimed that it is wholly due to the time in the month when conception takes place. Should it happen immediately following the cessation of the menstrual flow, it will be a male; if a short time preceding, it will be a female.

Now as to proof, as far as I can go, and which perhaps in your estimation will be nothing, I will cite my own case first, because I feel positive. I have one boy, and the time of conception was the twelfth night from the commencement of menstruation; and previous to this one, a case in which I did not go my full time, my experience was very nearly the same.

The next one which came under my observation was a near friend whose first child was a boy. When it was only a few months old (it was a bottle baby) she came to me in great distress, and told me she thought she was in a bad way again, and remarked that she did not see how it happened as they had avoided any inter course until after eighteen days, so as to be sure. I told her perhaps it was not so strange after all, but that she might console herself with the fact that it would be a girl, if what she told me was true; and time proved it to be a girl.

One other case, and I am done. An elderly lady who is the mother of four girls and only one boy, the last born after she was well on in years, said to me that she was told when a girl that conception could not take place after the sixteenth day, but she did not believe there was anything in it, for she was always very careful, and yet it never did any good. She never cared to have children. As regards both, her girls and boy, it seems significant as relating to this subject. She took care until she saw it was useless, and lo! the result a boy. Without going into further details I will simply say that I collected at the time the evidence of five women, all of which seemed to prove the truth of the French physician's assertion.

Sanford, Me. MRS. F. J. HARMON.

[As your husband intimated, this is a field of inquiry peculiarly adapted to the opportunities of woman. The profession will always be glad to receive the testimony of intelligent and observing women upon this subject.—Ed.]

Electrical Treatment.

Editor MEDICAL WORLD:

In reply to L. J. Pons, M. D., in June number of THE WORLD, if he will use electricity as follows, the case of neuralgia will be relieved at once. Place the patient upon a pail of warm water, letting her sit in such position that the labia of the pudendum comes well into the water; place in the water the metalic electrode, connected with anode of any good faradic battery, next place a strip of cloth, wet in warm water, entirely around the waist of the patient, then over this a metalic (brass) helix, to which connect the cathode, (do not mistake the direction of current.) Treat in this manner twenty minutes with medium strength current.

To L. G. Doane, M. D.: In cerebro-spinal meningitis, place cathode at feet, and with sponge anode well moistened in warm water apply carefully at the seat of disease, not longer than ten minutes, with a current not to be unpleasant to patient.

To M. J. Newman, M. D., San Francisco, Cal., I am successfully treating involuntary seminal emissions with electricity—*no medicine*—and would, had I time, and could trespass upon the space of THE MEDICAL WORLD to that extent, give brief, but simple directions for a complete cure. I have not failed in a single case, and also in successfully removing gall stones (biliary calculi.)

Rochester, N. Y. J. H. McCARTNEY.

[We will be pleased to receive articles on treatment of involuntary seminal emissions. We can always allow space for articles of value. —ED.]

Prescribing Fornication.

Editor MEDICAL WORLD:

In the last two numbers of your valuable journal I notice articles on "Prescribing Fornication," all admitting it to be a vexed ques-

Peculiarities in the Manufacture of

JENSEN'S CRYSTAL PEPSIN,

NATURE OF THE IMITATIONS, ETC.

The champion Pepsin of the world. The only Pepsin found worthy to be imitated. Even the wealthiest manufacturing chemists could not resist the temptation.

One party used glue as a cheapening adulterant for the production of scale Pepsin; another party has now succeeded in flooding the market with their imitations of my scale Pepsin owing to its extreme cheapness. This party now declares (not to the professon), that they use 60 pounds of dry egg albumen, peptonized by 200 hogs' stomachs; a third party wrap their imitations in an exact *fac-simile* of my circular making full use of all my testimonials. The great injury these imitations cause my preparations can easily be understood.

The protection chiefly relied upon is through the profession's vigilance in discriminating between the genuine and the spurious article. When prescribing my Pepsin most physicians now underline my name, thus JENSEN'S Crystal Pepsin, and no misconception can excuse substitutions. The great reputation of this Pepsin lies in that it is a Peptone Pepsin, *i. e.*, the texture of the stomachs in which the ferment is lodged is entirely dissolved, thereby obtaining all the Pepsin, when thereto is added my recent improvement in precipitating from this solution all of the earthy and saline matter, leaving only the azotized constituent, containing all the peptic principle; and, finally, is further concentrated by drying it upon glass plates until brittle scales are formed, the reason for its high digestive power can easily be understood. Why it surpasses also in keeping qualities all of the former Pepsins, is owing to its scaly and brittle texture, it being the only organic medicine in the materia medica produced for the market in scales. It is also perfectly soluble upon the tongue, pleasant to the taste and practically inodorous.

Although it commands a higher price than any other Pepsin in the market, it is, nevertheless, the most prescribed. Its purity and solubility, combined with its great digestive power upon albuminoids have inspired physicians of a suggestive minds to try it also as a solvent for diphtheritic membranes and coagulated blood in the bladder. The success also of these novel uses, has already become generally known to the profession all over the world. Physicians writing for samples, receive prompt returns.

Dr. Hollman (*Nederl. Weekbl.*, 18, p. 272) reports the case of an old man, aged 80 years, suffering from retention of urine, in whom the introduction of a catheter failed to produce the desired result. It was found that the bladder contained coagulated albuminoid masses mixed with blood. A few hours after the injection of about 16 grains of Dr. Jensen's Pepsin dissolved in water, a large amount of a dark, vicid, fetid fluid, readily escaped by the catheter.—*London Medical Record.*

Dr. Edwin Rosenthal, acting on the suggestion of Dr. L. Wolff, has used an acidulated concentrated solution of pepsin as an application to the membranes of diphtheritic patients, for which there seemed to be no other help than tracheotomy, and reports that it acted like a charm, dissolving the membranes, admitting a free aeration of the blood, and placing them soon on the road to convalescence. The solution he used was:

℞ Jensen's Pepsin.....3 j
Acidi Hydrochloric, C. P.....gtt xx
Aquæ q s ft.....fl ʒ j

M. S.—Apply copiously every hour with a throat-mop. —*From the Medical Bulletin.*

FORMULA FOR WINE OF PEPSIN:

℞ Carl Jensen's Pepsin.....gr 192
Sherry of port wine.....ʒ viss
Glycerin puris.....ʒ iss
Acid Tartaric.....gr v

Sig—f ʒ j after meals. This is three grains of the pepsin in each teaspoonful.

For severe attacks of colic it has afforded present relief, after a few doses have been given in short intervals, when other remedies have failed.

CARL L. JENSEN,

Home Office, No. 2039 Green Street,

PHILADELPHIA.

KIDDER'S CRUST PEPSIN

—(PURE.)—

This concentrated animal ferment, prepared by a new process, possesses superior digestive power, is unalterable, and guaranteed free from sugar of milk, salt, acids, or other adulterants.

One grain will dissolve 1200 to 1500 grains of coagulated egg albumen.

FOR SACCHARATED PEPSIN, U. S. P., 1880.

Powdered Crust Pepsin, 1 part. Powdered Sugar of Milk, 19 parts.

WM. F. KIDDER & CO.,

MANUFACTURING CHEMISTS,

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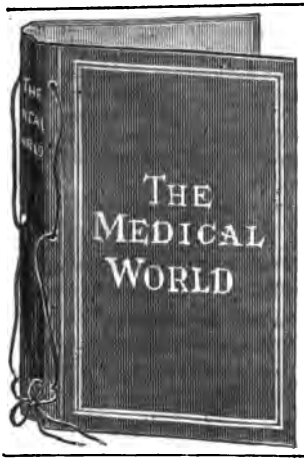

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We will undertake to supply this elegant binder to our subscribers for the very low price of **THIRTY CENTS.**

(A few "Ready Binders" left; ten cents each. See adv. in March number.)

Many have sent $1 for three "World" binders and one "Ready" binder, as $1 is a convenient sum to transmit. Others have ordered a large number of both "World" and "Ready" binders, evidently using them for other magazines, because other binders equal to ours cost two or three times the price of ours.

Bear in mind that we can supply back numbers to January.

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A NEW BASE FOR OINTMENTS AND SALVES.

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Beware of a crude woolfat of bad odor and of a dark color sold as Lanolin, and under similar names.

LUTZ & MOVIUS, Sole Agents,

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Dr. KNORR'S ANTIPYRINE,
The New Febrifuge.

URETHAN,
The New Hypnotic.

—SEND FOR CIRCULAR.—

tion, but offering no solution to the problem; not even a hint is advanced. Why? Are we all waiting for some one else to open the "ball," either for or against the "vice" as it is agreed to be? or are we dwellers in glass houses, and afraid to throw stones? Our Marietta, Ga., contributor bravely takes up the cudgel as left off by the reverend gentleman who opened the subject, fights it gamely for a few lines, then admits that at a proper age the "limited indulgence in a lawful way may be considered physiological." Then he branches off to deplore the almost universal habit of self polution, suggests the prominent exciting causes, and the direful results, finally dropping the question just where it began, giving it up as one of the problems not to be solved.

Now as the question is open for discussion, I would like to ask a few questions and make a few humble remarks, which I hope will do no harm if they do no good. In the first place, is it lawful to practice fornication? Is it lawful for an M.D. or any one else to advise a measure so at variance with the law? Is it proper to advise against the natural indulgence of the sexual instinct at the risk of habituating your patient to the abominable, ruinous and ungodly practice of masturbation? Is it best to advise a speedy marriage to men of an amorous nature in order that the whole law of State and decency may be covered by the holy bonds of wedlock? or shall we leave it to the discretion of our client to do as he pleases, and assume no responsbility by advising? What is a proper age at which to advise a lawful indulgence in sexual intercourse for males? And what are we to do in the case of excessive amitiveness in females? Can they be licensed to practice the same crime as their brothers in the same "limited and lawful" way? Can they be married off, as suggested for males, to save them from solitary vices and their terrible consequences? Is not the very question of the former an insult to virtue, and the latter allusion utterly impracticable? for is it not the custom of the country for women to wait for, rather than make, proposals of marriage? and are are we not governed absolutely by customs, which are, literally meaning, laws? If the animal propensities predominate in the male, must he (as his virtuous sister does) curb his passion by will force at the expense of sexual if not physical economy? These are indeed hard nuts for parents, guardians and professional advisers to crack; and where is the hammer heavy enough, or the hand steady enough to strike the decisive blow that will solve one of the gravest social problems we have (liquor not excepted)? In France they have a law providing young men in the "Latin Order" with women (Grisettes), whose duty it is to be as wife to their student masters, and this in the higher grades of society. Is this wrong? Are not the French a scientific and highly advanced people? No, Mr. Editor, I can advance no more in the matter of prescribing fornication than my worthy contemporaries have done. I know of no measure by which to govern the sexes in the relation we are now discussing; no standard by which to guage their relative passions; no moral suasion to turn Cupid and Venus, the one against the other, and certainly no human law to prevent a natural one, and one absolutely necessary to the propagation of the species. Then if it be a sin to fornicate, and if "he who looks upon a woman and lusts has already committed the sin in his own heart," will not this particular class of sinners be a multitudinous delegation at the final judgment seat? VAL RILEY.

Thomasville, Ga.

For Eczema.

Editor MEDICAL WORLD:

In answer to Dr. G. E. Frazier, of Caldwell, Ohio, for treatment of chronic eczema, I would suggest the following, which has proven successful in my practice:

℞. Acidi salicylici.....gr. xv.
Zinci oxidi.....ʒ iij.
Ung. petrolei.....ʒ j.
M. Sig.—Apply night and morning.

℞. Potass. iodidi.....ʒ ij.
Sal. rochelle.....ʒ j.
Sennæ fl. ex.....
Sarsaparillæ fl. ex.....
Stillingiæ fl. ex.....āā..f ʒ iv.
Syr. simplicis.....f ℥ iij.
Aquæ destil .....q. s. ad..f ℥ viij.
M. Sig.—Teaspoonful before each meal.

IRVING O. NELLIS, M. D.

Herkimer, N. Y.

For Illinois Mange.

Editor MEDICAL WORLD:

I see Dr. P. S. Weidman wishes a remedy for Illinois mange. I think if he will use the following he will succeed, as I have never known two or three applications fail to cure:—

℞ Corrosive sublimate..... grs x
Sulphur pulv.....ʒ ij
Lard.....ʒ j
Mix and rub well together.

Anoint the affected parts with the mixture at night for three nights, and then take a good wash and change of clothing. If there is any affected spots left, repeat. It will smart a little, but not much.

Bullitts Bayou, La. J. D. USHER, M. D.

Treatment for Sciatica.

Editor MEDICAL WORLD:

If T. H. Lyons, M. D. will try hypodermic injections of chloroform I think he will relieve his patient. I have cured several obstinate cases by that method after they had been treated by every other means, and have never had bad results from the use of the hopodermic syringe. See Bartholow on Sciatica. Your journal improves with each number.

Alba, Pa. C. SMITH, M. D.

Please Give Your Treatment.

Editor MEDICAL WORLD:

Thanks to Dr. J. H. Stanley for the best treatment of gonorrhœa in June number, page 211. I would like to hear from more M. D's on the same subject, and also on the treatment of diarrhœa and dysentery, as the time of the year is at hand for us to treat these diseases and summer complaints in general. I like THE MEDICAL WORLD because it contains so many chips from the workshop, so to speak—so many worthy of storage. Long may it live.

Coal Creek, Tenn. J. H. ALBERT, M. D.

Discuss Calomel.

Editor MEDICAL WORLD:

I wish to ask your many readers concerning the action and *proper* use of one of the oldest drugs now in use, viz., calomel. It seems to be given in almost everything, yet, strangely, opinions are diversified as to its actions and uses. I hardly know what position to occupy at present. I, for one, would be pleased to see a full and free discussion of the subject.

Coal Creek, Tenn. J. H. ALBERT, M. D.

GLYCERIN painted over the tongue, according to Dr. Cotter, affords great relief in fevers, keeping the tongue moist and removing the sensation of thirst.

Editor MEDICAL WORLD:

Please do not publish my advertisement in THE WORLD again. I have received a dozen letters on the subject, and can sell at any time to several different parties. Please accept thanks. THE WORLD is the journal to advertise in.

Gouldsboro Sta., Pa. J. A. HELLER.

WE regret to announce the death of Dr. F. A. Johnson, of Portland, Oregon, who had long been a subscriber to this journal, and occasionally contributed to its columns. Death was caused by abscess of the liver.

Quiz Column.

Questions are solicited for this Column. Communications not accompanied by the proper name and address of the writer (not necessarily for publication), will not be noticed.

Editor MEDICAL WORLD:

I would like the experience of specialists in the treatment of fistula in ano—blind internal, blind external and complete—by the use of caustic solutions, if success has attended such practice.

Chili, Ind. J. C. WAITE, M. D.

[See Dr. Hofmann's article, this issue, for a good treatment of fistula.—ED.]

Editor MEDICAL WORLD:

Please give the formulæ of "Ash & Robbins' fit powders." Also, of what are the remedies composed that are put up by the "Epileptic Remedy Co." I think THE MEDICAL WORLD stands at the head of the list of medical journals.

Hiawassee, Ga. S. M. KIMSEY, M. D.

Editor MEDICAL WORLD:

Will you or some one of your many readers give me treatment for chronic muscular rheumatism? Have suffered with it for fifteen years. Lately it affects my joints, producing keen, darting pains, no swelling, and shifts from one joint or limb to another in an almost incredibly short time. Often feel it in my brain.

Turkey Cove, Va. M. M. HILL, M. D.

Editor MEDICAL WORLD:

I write to know if any of your many readers in the south are acquainted with the component parts of the dropsy medicine put up by Dr. H. H. Green, of Atlanta, Ga. It is put up in very large pills or rather balls. I would like very much to ascertain the formula.

Pinson, Tenn. AMBROSE MCCOY, M. D.

Editor MEDICAL WORLD:

Please inform me how a physician may get a seat as a member or as an auditor at the International Medical Congress, at Washington, in 1887. B. C. THOMPSON.

Blossom Prairie, Texas.

We quote the following from the rules:—

1. The Congress shall consist of members of the regular profession of medicine, and of such other scientific men as the Executive Committee of the Congress may see fit to admit, who shall have inscribed their names on the register and shall have taken out their tickets of admission.

2. The dues for members of the Congress shall be ten dollars each for members residing in the United States.

There shall be no dues for members residing in foreign countries.

Each member of the Congress shall be entitled to receive a copy of the "Transactions" for 1887.

The general sessions, and the sessions in the sections, will be opened to the public.—ED.

"Subscriber," of Texas, will please read the notice at the head of this column. Name and address (not necessary for publication) must *always* accompany communications.

FORMULÆ.

Elixir Cinchonæ et Ferri.

℞ Extracti cinchonæ fluidi ..... fl ℥ j
Ferri et ammonii citratis ..... ℥ ij
Spiritus aurantii (1 to 10) ..... f ℥ j
Alcoholis ..... f ℥ iv
Olei cinnamomi ..... ♏ xv
Aquæ ..... f ℥ vj
Syrupi q. s. ad ..... f ℥ xvj

With the oil of cinnamon and water make water of cinnamon; dissolve in this the ammonio-citrate of iron; add the spirit of orange and the fluid extract of cinchona. Filter, and add enough syrup to make the product measure one pint. Dose, a teaspoonful.

Loomis' Tonic.

℞ Quiniæ sulphat ..... grs. xxx
Acidi sulphurici diluti ..... q. s
Aquæ ..... fl ℥ ij
Tincturæ ferri chloridi ..... fl ℥ ss
Spiritus chloroformi ..... fl ℥ vj
Glycerinæ q. s. ad ..... fl ℥ iv

Or,

℞ Solutionis quiniæ sulphatis (grs. xv in fl ℥ j) . fl ℥ ij
Tincturæ ferri chloridi ..... fl ℥ ss
Spiritus chloroformi ..... fl ℥ vj
Glycerinæ q. s. ad ..... fl ℥ iv

M.—Dose. A teaspoonful.

Mistura Ferri Comp.
(GRIFFITH'S MIXTURE.)

℞ Ferri sulphatis ..... grs. xx
Potassii carbonatis ..... grs. xxv
Pulveris myrrhæ .....
Pulveris sacchari ..... āā ℥ j
Spiritus lavand. comp. ..... fl ℥ ss
Aquæ cinnamomi q. s. ad ..... fl ℥ viij

M.—Dose, one to two tablespoonfuls. In preparing this, the sulphate of iron, dissolved in fl ℥ ½ of the cinnamon water, should be added last. The mixture should be made fresh, when wanted.

Anise Cordial.

(*Used in the Infant Hospital, New York.*)

℞ Infusi anisi (℥ 2 to O j) .....
Genevæ (gin) ..... āā . . fl ℥ j

M.—Dose, half a teaspoonful.

Diarrhœa Mixture.

℞ Tincturæ opii .....
Tincturæ capsici .....
Tincturæ rhei aromatici ..... } āā partes equales.
Spiritus menthæ piperitæ .....
Spiritus camphoræ .....

M.—Dose 20 to 40 minims.

DR. RUSCHENBERGER.

Mistura Rhei Comp.

℞ Extract rhei fluidi ..... ♏ eclvj
Extract ipecac ..... fl ♏ lj
Sodii bicarbonatis ..... grs. dxij
Glycerinæ ..... fl ℥ xij
Aquæ menthæ piperitæ ..... O ij

M.—Dose, one half to one teaspoonful two or three times a day, for children. DR. SQUIBBS.

West's Mixture.

℞ Olei ricini ..... fl ℥ ij
Pulveris acaciæ .....
Pulveris sacchari ..... āā . . ℥ ij
Tincturæ opii ..... ♏ xxj
Aquæ cinnamomi q. s. ad ..... fl ℥ iv

M.—Dose, teaspoonful for children. In diarrhœa.

Delirium Mixture.

℞ Potassii bromidi ..... ℥ iv
Tincturæ valerianæ ammoniatæ ..... fl ℥ j
Tincturæ lupulinæ .....
Tincturæ digitalis ..... āā . . fl ℥ ss
Aquæ q. s. ad ..... fl ℥ iv

M.—Dose, a tablespoonful. To be used with care, and effects to be watched.

Hammond's Mixture.

℞ Quiniæ sulphatis .....
Ferri pyrophosphatis ..... āā ℥ j
Strychniæ ..... gr. j
Acidi phosphorici diluti (tribas) ..... fl ℥ ij
Syrupi zingiberis ..... fl ℥ ij
Aquæ q. s. ad ..... fl ℥ iv

M.—Dose, a teaspoonful.

Mistura Biniodidi.

℞ Hydrargyri chloridi corros ..... gr. j
Potassii iodidi ..... ℥ ij
Tincturæ gentianæ comp ..... fl ℥ ij

M.—Tincture of cinchona, or other liquids containing *alkaloids* should not be used in the above mixture, as these bodies are apt to be precipitated as iodohydrargyrates, and the patient would, perhaps, take the whole precipitate in the last dose.

Buck's Burn Mixture.

℞ Pulveris tragacanthæ ..... ℥ ij
Pulveris acaciæ ..... ℥ iv
Syrupi fusci .....
Aquæ bullientis ..... āā O j

M.

Glue Burn Mixture.

Take of:

℞ White glue ..... ℥ vij ss
Cold water ..... O j
Glycerin ..... fl ℥ j
Carbolic acid ..... fl ℥ ij

Soak the glue until it is soft; then heat on water bath until melted; add the glycerin and carbolic acid, and continue heating, until in the intervals of stirring, a glossy strong skin begins to form over the surface When wanted for use, heat on water bath until melted, and apply with a flat brush on the burned part.

Pilulæ Anti-Rheumaticæ.

℞ Extracti colocynthidis comp. ..... grs. xlv
Extracti colchici acetici ..... grs. xxx
Extracti hyoscyami ..... grs. x
Hydrargyri chloridi mite ..... grs. x

M.—Divide into thirty pills.

Hope's Mixture.

℞ Acidi nitrici.....℥ viij
Tincturæ opii.....℥ xl
Aquæ camphoræ.....fl ʒ viij
M.—Dose, a tablespoonful. In dysentery.

Pilulæ Bellevue.

℞ Pillulæ hydrargyri.....grs. x
Pulveris aloes.....grs. xx
Resinæ podophylli.....grs. iij
Extracti hyoscyami.....grs. x
Extracti taraxaci.....q. s.
M.—Divide into 20 pills.

Pills for "the Gravel."

℞ Sodæ benzoatis.....
Lithia carbonatis.....
Ext stigmatæ maidis.....
} ää gr. xlv
Ol. anise.....℥ iij.
Divide into 60 pills and silver them. Two to be taken at each meal. PROF. HUCHARD, (Paris).

Theilman's Cholera Drops.

Oil of peppermint.....fl oz. 1
Alcohol.....fl oz. 8
Tinct. opium and saffron.....fl oz. 3
Tinct. ipecac.....fl oz. 8
Tinct. valerian.....fl oz. 13½
Mix.—Dose.—One or two fluid drachms.

We are informed that the formula for "Milk of Magnesia" in June number, page 219, quoted from the *Amer. Pharmacist*, is not successful; it will precipitate. Also notice the typographical error: calcined "water," instead of calcined magnesia. The true milk of magnesia is a hydrate, and does not precipitate.

A COMPEND OF THE PRACTICE OF MEDICINE. By Daniel E. Hughes, M. D. P. Blakiston, Son & Co. P. 399. $2.50.

This book contains the two Quiz Compends on Practice, revised, enlarged somewhat to make the work more useful to the practicing physician, and bound in one volume. The excellent press work, gilt edges and flexible backs make a very handsome book. In looking over the work one finds so many points worthy of commendation that he cannot avoid regretting that there are not more of them. It is a serious question whether it be not better to put such a work as this into the hands of the first course student, and forbid his looking into the more comprehensive works until he shall have mastered the details of this. Let him learn the A B C of his profession the first year, it is all he can do. After that he may go on to the shorter systems, such as Loomis' or Flint's, and finally finish with the profound reasoning of Niemeyer, and awaken his enthusiasm with the brilliant fire of Trousseau. Such manuals as the one now before us, however much they may be condensed, should still be complete. In the Digestive System the author is particularly wanting. Like Bartholow, he slights the diseases of the mouth, his list by no means covering the ground. Duodenal catarrh is too common a disease to be left out entirely. The intestinal affections are not capable of differentiation. The affections of the liver described do not by half embrace all the diseases of that organ. Some grammatical lapses occur which are evidently due to careless revision, such as the pleonasm on page 29, line 17.

The section on diseases of the chest is the most complete in the book. The author has followed DaCosta in giving special attention to this important region, and has made here a valuable *résumé* of the latest teachings concerning its diseases.

While we may suggest many valuable additions, it is not easy to say what portions could be left out, so as to keep the work within a suitable size. One excision we would certainly make, that of the formula for Warburg's tincture. What earthly use that singular compound of sixty eight ingredients could be to a truly scientific physician we cannot see. No one would recommend the student to burden his mind with the formula, and this alone renders it out of place in such a manual.

PHYSICIANS who live in the vicinity of New York City are particularly referred to the advertisement of "GRAINLET" in this issue, page iv.

I WOULD as soon do without my text-books as THE MEDICAL WORLD. Each issue is as refreshing as a shower in June.

Weldon, Ark. S. H. SINGLETON, M. D.

I TAKE other medical journals, and I will say, that if they are worth two, three and five dollars per annum, to me THE MEDICAL WORLD is worth two, three and five times as much as them all.

Milford, Mo. W. W. OWEN, M. D.

A SAMPLE, free of all expenses, of that excellent infant's food, "Baby Sup," will be sent to any physician having sufficient interest to try it on one of his young patients, who will send his address to A. Weissbein, 80 John St., New York.

DR. TAYLOR:—Your binder received and it is *just the thing*. I consider every number of THE MEDICAL WORLD an improvement over the preceding one. Such is the opinion of the readers in this section. With best wishes, yours,

Danville, Ind. W. T. LAWSON, M. D.

WHO is there who doesn't know the very high value and sterling reputation of the Molesworth syringes? The physician who desires to best serve his lady patients, will endeavor to find out that which is best for their use. Send $1.25 direct to Dr. Molesworth & Co., 69 Gold St., New York, and get an instrument, or ask for descriptive pamphlet.

DR. W. R. GODFREY, of Michigan City, Ind., writes: I have enjoyed a rare treat, having just finished reading a copy of THE MEDICAL WORLD. In the language of a German friend of mine in Wisconsin, away back in the forties who, after eating the first apple he had seen in years, said it "made his teeth water for another," so I may say that my teeth (what few I have left) water for the next number.

WILL you please look for Cherry Malt Phosphites in this issue, and give it prompt attention? During this season, when the debilitating influences of the climate are against you, the sample bottle alone may turn the delicately adjusted scales between life and death in your favor in an important case. They do not send a small quantity, but a full-sized bottle, as a sample, you paying only express charges. Address Liebig Pharmacal Co., 101 Reade St., New York.

THE progressive physician hails with delight a really new and brilliant invention which helps him in his work. Such we believe the Hawley Syringe to be. Many disagreeable and lingering gynæcological cases require just such a thorough and powerful instrument as this. It is made on an entirely new principle, which cannot fail to interest you, and you will be charmed with the success of its operation. Send to Prof. W. Baker, 42 St. Marks

(*Continued Over Next Leaf.*)

THE MEDICAL WORLD.

The knowledge that a man can use is the only real knowledge; the only knowledge that has life and growth in it and converts itself into practical power. The rest hangs like dust about the brain, or dries like raindrops off the stones.—FROUDE.

The Medical World.

Subscription to any part of the United States and Canada, ONE DOLLAR per year. To England and the British Colonies FIVE SHILLINGS per year. Postage free.
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Notice is given on the wrapper when your subscription expires. You are invited to renew promptly, when this notice is given. This is necessary if you wish to continue to receive THE WORLD, as it is sent only as long as paid for.

We cannot always supply back numbers. Should a number fail to reach a subscriber, we will supply another, if notified before the end of the month.

☞ Pay no money to agents for this journal unless publisher's receipt is given.

C. F. TAYLOR, M. D., EDITOR AND PUBLISHER.

LOUIS LEWIS, M. D., M. R. C. S. (ENG.), W. F. WAUGH, A. M., M. D., } ASSOCIATE EDITORS

ADDRESS ALL COMMUNICATIONS TO
"THE MEDICAL WORLD,"
1520 Chestnut Street,
PHILADELPHIA, PA.

VOL. IV AUGUST, 1886. No. 8.

WE are pleased to introduce to our readers Dr. W. F. Waugh, as announced above, whose talents will add materially to the value of this journal.

Further trials corroborate our remarks in the July number, on the sub preputial application of cocaine. In a case of chronic cystitis of gonorrhœal origin, the use of cocaine greatly diminished the irritability of the bladder; allowing the patient to sleep the greater part of the night. This allowed us to dispense with the use of morphia; which always brought on distressing vomiting.

Hardly Fair, Doctor!

It is all very well to give our own mistakes, but if we begin to write of those committed by "the other fellow," THE WORLD would not be big enough to hold them.

Candid confession is good for the soul; and the recital of our own errors may help a brother to avoid them. None of us are superhuman, and if we give help to-day we may get it back with interest to-morrow. Criticism of the articles published, in a kindly spirit, is what we all expect when we write for a journal; and nobody can object to this.

But when we begin writing comments on the practice of our neighbors, we open the floodgates to the well-spring of bitterness which exists in every human heart. Brethren, are we not right in limiting the publication of "Mistakes in Practice," to those wherein the errors are made by the writer?

The Summer Complaints.

As this is the season when these ailments carry off large numbers of children, a few hints on the treatment may not be amiss.

I. Preliminary Diarrhœa, with no fever.

1. Guard against improper food.

2. See that the food has not had a chance to decompose.

3. See that its digestion is insured by adding to it pepsin, etc.

4. Allow no water to be drank which has not been boiled and filtered.

5. Use hot drinks freely; cold drinks sparingly.

6. Avoid the heat of the day by keeping in a cool, dark room.

7. Keep a thin flannel bandage over the abdomen day and night.

8. Nowhere are children so well as when taken upon the water.

9. Keep the stomach quiet (*a*) by allowing it periods of absolute rest, with no ingestion of food or drink; (*b*) by interdicting the constant swilling of liquids, which keeps up the irritation which causes thirst; and (*c*) by using frequent small doses of bismuth.

10. Frequent bathing or sponging the body with warm water relieves thirst and keeps the body cool.

11. Don't be in a hurry to stop the diarrhœa.

12. Keep up the flow of healthy digestive fluids by giving small doses of rhubarb, ipecac and potash; preferably in hot water.

13. Continue this until the stools assume a natural appearance and odor.

14. *No tonic in this condition compares in efficacy to quinine.*

15. If the diarrhœa becomes so profuse as to require stronger measures, give

℞ Ext. hæmatoxylon.....fl ʒ j
Acid. sulph. aromat.....f ʒ ss
Tinct. opii deodorat.....gtt. vj
Syrupi, q. s. ad.....f ʒ iij
M. S.—A teaspoonful after each passage, for a child a year old.

16. If this prove ineffectual, do not waste time trying other astringents, but give an injection of sulphate of zinc, 5 grains to the ounce of warm water.

17. Use the thermometer daily.

II. For the severer grades, ileo-colitis: where the temperature rises to 100° or 101°, to the above directions we add the following.

1. Limit the food to milk, white of egg and lean beef.

(*a*). The milk should be boiled 15 minutes over a slow fire; then put in a bottle tightly corked, placed *under* the ice, and the portion used at one time warmed to 98° before giving it. It should be given every 4 hours, with a sufficient amount of *good* pepsin.

(*b*). The white of egg should be beaten to a froth, and given raw with pepsin. It may be added to the milk.

(*c*). The beef should be scraped from the cut surface with a sharp knife, and given raw, with pepsin. It may be warmed through, or even cooked; if the child will not take it raw.

2. Should either of these three foods disagree, use only the others.

3. If the force of the disease be directed upon the stomach, give the food by the rectum; if the bowels be mainly affected, give the nutriment by the mouth.

4. Sedulously guard against the child's tendency to constant drinking. Give small pellets of ice *not oftener* than once in 15 minutes; or a dessertspoonful of cool water every 30 minutes. A little *hot* water may be given occasionally, and will better relieve the thirst.

5. Thin poultices of flaxseed over the abdomen tend to allay the fever. They should be light, changed frequently, and covered with dry flannels. *Don't* use spice-bags.

6. Children may still be taken in the air or on the water, but if they have fever must be protected from drafts; especially while asleep.

7. The remedies above mentioned are still to be used.

8. If the strength fail, in addition to quinine give coffee, brandy, or if great relaxation supervene, nux vomica.

9. The utmost care must be exercised in the use of morphine; which may be given in minute doses, *not to check diarrhœa, but to relieve pain.*

10. Dysenteric symptoms may be met by using injections of hot water, and giving small doses of calomel (gr. $\frac{1}{10}$) and testa præp. (gr. j), every 2 hours.

11. When the fever subsides, the following foods may be added to the diet list in the order named: boiled rice; calves' foot jelly; malted barley, triturated and sifted before being cooked; chicken jelly; mutton broth with rice; tapioca, sago or arrow-root.

12. Malt-extract should be given in convalescence, with all starchy foods.

13. The flannel bandage, once applied, must not be left off until the sickly season is over.

III. Cholera Infantum.

1. Use the thermometer frequently.

2. Meet a temperature of 104° or over with a warm bath, cooled by adding cold water till the child's temperature has fallen below 100°. Repeat the bath as often as the temperature rises to 104°.

3. Beware of opium.

4. Watch the condition of the urine. If it become very scanty, or if albumen appear, give small doses of acetate of potash.

5. Use quinine boldly; giving one grain every 4 hours, in suppository to a child one year old.

6. Collapse calls for camphor and ammonia, rather than brandy.

7. Children with the above symptoms must be kept in bed.

8. Keep steadily to one plan in the management of a case, meeting each indication which arises with appropriate remedies; but don't shift about aimlessly from one astringent to another, trying this, that, and the other, till the child dies.

INDEX OF DISEASES.

[In this index the diseases are taken alphabetically, and prescriptions embodying the latest and best treatment for each disease are given. The index will be continued from month to month until the catalogue of diseases is exhausted. Began in March number.—L. L.]

Croup.

℞ Tinct. aconite.....♏ xvi
Tinct. belladonnæ.....♏ xvi
Aq. destillatæ.....ʒ ij
M.—One teaspoonful every hour.

℞ Pulv. aluminis.....ʒ j
Syr. simpl.....q. s.
M.—To be taken every quarter of an hour until emesis occurs.

℞ Zinci sulphat.....gr. xx
As an emetic.

℞ Sulphurous acid spray frequently to throat.

℞ Tannin spray (5 per cent) to throat.

℞ Potass. iodid ..... gr. xv
Tinct. assafœtidæ ..... ʒ jss
Tinct. senegæ ..... ʒ iij
Syr. mori ad ..... ℥ iij
M.—One teaspoonful every three hours.

℞ Ammoniæ carbonat ..... gr. xij
Vin. ipecacuan ..... ♏ xl
Tinct. senegæ ..... ʒ iij
Syr. rhœados ..... ʒ iij
Aq. dest. ad ..... ℥ iij
M.—One dessertspoonful every two hours.

℞ Vin. ipecacuan ..... ʒ ij
Syr. hemidemi ..... ʒ iij
Muc. acaciæ ..... ℥ j
Aq. dest. ad ..... ℥ ij
M.—One teaspoonful every two hours at the outset of croup.

℞ Potass. chlorat ..... gr. v
Tinct. ferri perchlor ..... ♏ iij
Aq et syrupis āā ad ..... ʒ ij
M.—To be taken every two hours.

℞ Potass. iodid ..... gr. ij
Sp. ammon. arom ..... ♏ x
Syr. et inf. senegæ āā ad ..... ʒ ij
M.—To be taken every three hours, after an emetic.

℞ Tinct. aconiti ..... ♏ ij
Vin. ipecac ..... ♏ iv
Sp. ætheris nit ..... ♏ x
Aq. et syrupi ad ..... ʒ ij
M.—To be taken every three hours.

℞ Tinct. lobeliæ æthereæ ..... ʒ iij
Syr. papaveris ..... ʒ vj
Tinct. conii ..... ʒ iij
Mist. amygdalæ ad ..... ℥ vj
M.—A sixth part three times a day.

℞ Acidi benzoici ..... gr. xl
Syr. scillæ .....
Syr. rhœados ad ..... āā ℥ jss
M.—A teaspoonful every four hours.

℞ Vin. ipecac ..... ʒ ij
Syr. papaveris ..... ʒ iij
Liq. ammon. acet ..... ℥ ss
Sp. ætheris nit ..... ʒ j
Aq. dest. ad ..... ℥ ij
M.—A teaspoonful every two hours.

℞ Tinct. guaiaci ammon ..... ℥ ss
Muc. tragacanth ..... ℥ iij
Mix, and add inf. senegæ ad ℥ viij. Three tablespoonfuls every four hours.

℞ Sp. ammon. arom ..... ʒ ij
Tinct. lobeliæ ..... ℥ ss
Tinct. aconiti ..... ʒ ss
Aq. camph. ad ..... ℥ viij
M.—One-sixth part every four hours.

℞ Spiritus fuliginis ..... ʒ j
Sodæ carb ..... gr. xxx
Syr. aurant ..... ʒ iij
Aq. menth. pulegii ..... ℥ jss
M.—A teaspoonful every two hours.

℞ Vin. ipecac ..... ʒ iij
Syr. tolutani ..... ʒ v
Mucil. acaciæ ..... ℥ j
M.—A teaspoonful every hour in threatened croup.

℞ Tinct. lobeliæ ..... ʒ ij
Mist. amygdalæ ..... ℥ vjss
Succi conii ..... ʒ ij
Syr. hemidesmi ..... ℥ j
M.—One tablespoonful every three hours.

℞ Iodine paint to neck.

℞ Sp. ammon. arom ..... ♏ lxxv
Sp ætheris ..... ʒ j
Tinct. belladonnæ ..... ♏ xij
Acid. hydrocyanici dil ..... ♏ viij
Syr. simpl. ad ..... ℥ ij
M.—A teaspoonful in water every four hours.

℞ Oxygen inhalations; or peroxide of hydrogen internally.

℞ Pulv. ipecacuanhæ .....
Calomelanos ..... āā gr. xij
Sacch. alb ..... gr. xviij
M.—Divide into 6 powders. One every three hours, until active purgation.

℞ Potass. iodide, gr. v, every two hours; or ditto chlorate of potash.

℞ Vin. antimonii .....
Glycerini ..... āā ℥ ss
Syr. ipecac ..... ʒ j
M.—A teaspoonful every fifteen minutes until emesis ensues; then half the quantity every three hours.

℞ Tinct. veratri virid ..... ♏ xvj
Sp. ætheris nit ..... ʒ j
Syr. simpl. et aquæ āā ad ..... ℥ j
M.—One or two teaspoonfuls every two hours, according to age of child.

℞ Tinct. veratri virid ..... ♏ xvj
Ammon. carb ..... gr. xxx
Syr. tolutani .....
Syr. simpl ..... āā ℥ j
M.—A teaspoonful every two hours.

℞ Ol. cubebæ .....
Ol. eucalypti ..... āā ʒ ij
M.—10 drops on sugar every four hours.

℞ Externally, lin. camph. co; leeches; blisters; poultices.

Delirium Tremens.

℞ Tinct. sumbulis ..... ʒ ij
Inf. lupuli ad ..... ℥ viij
M.—Two tablespoonfuls every four hours.

℞ Sp. ætheris ..... ʒ iij
Sp. vin. Gallici ..... ℥ jss
Inf. cinch. fl. ad ..... ℥ viij
M.—One-sixth part every four hours.

℞ Potass. bromidi. ..... gr. lxxx
Tinct. cinchon. co..... ʒ ij
M.—Two teaspoonfuls in water every four hours.

℞ Tinct. digitalis.....ʒ iij
Tinct. aconiti.....ʒ ss
Aq. cinnamomi ad.....ʒ vj
M.—One-sixth part every four hours.

℞ Potass. bromidi.....ʒ ijss
Lactis .....ʒ vj
M.—One-sixth part every four hours.

℞ Hydrat. chloral.....ʒ j
Potass. bromid.....ʒ j
Lactis.....ʒ vj
M.—One-sixth part thrice daily.

℞ Antimonii tartarati.....gr. j
Tinct. digitalis.....ʒ j
Aq. dest.....ʒ viij
M.—One teaspoonful every hour.

℞ Ammon. carb.....ʒ j
Table vinegar,.....ʒ j
M.—This amount for one dose; to be repeated, if necessary.

℞ Chloral hydrat.....ʒ vj
Gum. camph.....ʒ jss
Morphiæ sulph.....gr. jv
Ol. olivæ ad.....ʒ jv
M.—ʒ ij per enema, every six hours.

℞ Tinct. opii.....
Vin. antimonii ....āā .....ɱ xx, ex aqua.
M.—To be repeated every four hours, if necessary.

℞ Ext. cannabis ind; gr. ss, every four hours.

℞ Tinct. nucis vomicæ... .....ʒ j
Liq. arsenicalis.....ʒ j
Vin. ipecac.....ʒ jss
Aq. dest. ad .....ʒ ij
M.—One teaspoonful every four hours.

℞ Liq. strychniæ P. B.....ʒ j
Tinct. digitalis.....ʒ ss
Aq. camph. ad.....ʒ viij
M.—Two tablespoonfuls three times a day.

Although it is now late in the year, yet most of our new subscribers are requesting us to date their subscriptions from January, and send them the back numbers so that they can have the volume complete.

This is as it should be and we shall be pleased to do so as long as our supply of back numbers lasts. Always order THE MEDICAL WORLD Binder, (only thirty cents) in which to preserve your journals, and when the year is complete you will find that you have a bound volume.

The Current Medical Thought.

As Good as a Hypodermic.

If you want as sure and speedy action from your drugs as if you gave them hypodermically, administer them in hot water. One-half the dose will have the effect. The reason is obvious. If the dose be given in hot water it is quickly absorbed; and the whole force of the drug thrown upon the system at once. Few people realize how long a dose will remain in the stomach if that viscus be chilled. Beaumont found that a glass of ice water stopped digestion for one hour. This method of administration is particularly suitable for the vegetable preparations, opiates, etc.

Popular Fallacies to be Avoided.

Do not forget that:—

1. Alcoholic drinks do not support physical strength during very hot weather.

2. Seasonable weather is never unhealthy.

3. Men and women should not eat the same kind and amount of food, when their manner of life is entirely different.

4. Pie is not essentially indigestible; nor, in general, can the quality of indigestibility be logically affirmed of any article of food absolutely, and apart from a consideration of the digestive capacity of the particular stomach the powers of which are to be tested.

5. Disease does not consist simply in the group of symptoms manifested in the case.

6. Morbid processes are not necessarily destructive, but are sometimes conservative. Disease in some cases may be nature's method of righting a wrong, or overcoming the effects of some disturbing agent. A portion of the clinical picture of a disease is therefore made up of evidences of reaction, as well as of direct morbid action.

7. In the production of true cholera infantum heat does not play the most important part; nor does it furnish the main indication for treatment.

8. Persons are not necessarily well because they feel well; nor does sickness consist in feeling sick.

9. Specifics do not exist in modern medicine.

10. If one be ill, take drugs and recover, it does not follow that there is any connection between the administration of the remedy and the happy result; nor does the repetition of such cases do more than establish a probability of the remedy doing good in like cases.

11. Even if a patient have had syphilis, it does not follow that every ailment subsequently

afflicting him must be syphilitic; nor that he must for every ill take iodides.

12. It is not always necessary to remove insane persons from their homes; though it must be admitted that the percentage of recoveries in hospitals for the insane is much greater among mild and recent cases.

13. The actual years of one's life do not bear any positive relation to the occurrence of senile degeneration.

14. Typical hysteria cannot exist in a perfectly healthy patient, though the essential lesion may not be discoverable by the pathologist.

15. The conditions of modern life in our highest civilization are not the most favorable for the development of a large, healthy, and vigorous population.

16. There is no essential difference between sanitary and sanatory science.

17. There are no such things as "laws of health."

[Adapted from Prof. Woodbury in *Phila. Med. Times.*]

Eucalyptus in Malaria.

In a paper on the value of the oil of eucalyptus in some malarial affections, read before the Philadelphia County Medical Society by Dr. J. H. Musser, he arrives at the following conclusions:

1st. That the oil of eucalyptus is of decided value in about thirty-three and one-third per cent. of all cases of intermitting malarial fever.

2d. That it has no specific value in any one type of the disease.

3d. That the longer the duration of the disease the less liable is it to do good.

4th. That relapses are not prevented by it.

5th. That its influence on the spleen has not been demonstrated.

6th. That a dose of ten drops, four times daily, has been a sufficient dose, but that five drops every three hours would be of greater value possibly.

7th. That good results are not attained as quickly as by large doses of quinine, but that a good effect should be observed within five days at least.

A Good Doctor.

"Good, earnest doctors are too busy to find time to slander their brethren or their rivals. It is all the same with lawyers, ministers and teachers. The truly good and truly great do not detract from the reputation of others, they are generous and magnanimous even to rivals. If your doctor flatters you and humors your lusts and appetites, and helps you out of a bad scrape secretly, without reproof, as if you had done no wrong, distrust him. If you can hire him to do or say what he would not do without the hire, beware of him. Good doctors cannot be bought. Your doctor ought not to be a single man. He ought to have a wife and children, and if you see that his wife respects him and his children obey him, that is a very good sign that he may be trusted. If your doctor tells you how to keep well, that is a good sign. You come to him with toothache; he gives you creosote and clove oil for the tooth, and at the same time suggests that you do not wash enough to keep well, that is a good sign. If the children like him, that is a good sign. If you find him reading in his office, that is a good sign, and especially if he be a settled, middle-aged man. If you hear him say, 'I once thought so and so, but I was wrong,' that is a good sign. If the doctor is neat and handy in rolling pills and folding powders, that is to his credit as a surgeon. If he understands how to bud roses, graft fruit-trees, mix strawberry pollen for improved berries, cure chicken pip, and tinker a trunk lock, or put a clock in order, all these are so much to his credit. If further, you love to meet him, the sight of him quickens you, and you are glad to hear him chat; and you know him thus to be a lovable, sympathetic man—he's the man for your doctor, your confidential friend—find him, trust him."—*Beecher.*

Necrosis of Jaw Following the Internal Administration of Phosphorus.

Necrosis of the lower jaw, due to the fumes of phosphorus, is unfortunately of sufficiently frequent occurrence to be scarcely worthy of note; but the following case, reported by Mr. Hutchinson, at the Clinical Society of London, possesses features worthy of mention. The patient, a lady of 45, after taking pills containing 1-33 grain of phosphorus t. i. d. for two years, consulted Mr. H. for necrosis. In this case, as in all others on record, carious teeth were found to exist.

Destroying Micro-Organisms.

In the present state of our knowledge, it is hopeless to expect to destroy micro-organisms, and more especially their spores, in the tissues of the lungs by the inhalation of germicide remedies. Antiseptics may, perhaps, reach micro-organisms lying in the mucus or pus on the free surface of the bronchi, in a sufficiently concentrated form to destroy them. It is conceivable, though not probable, that the same may be true in the case of those lying free in the alveoli, or very superficially placed in the tissues. Micro-organisms more deeply placed, and especially those in areas of consolidation, as in tubercle,

can only be reached by germicides introduced into the fluids which bathe the tissues. And as these fluids are in constant circulation, it is necessary, to obtain even a local action of any long duration, that the whole of the fluids of the body should be impregnated with a percentage of the remedy sufficiently high to enable it to act as a germicide. This, in the case of all germicides hitherto tried, is incompatible with the life of the host.

Taking a man of ten stone, it is a low estimate to put the total weight of blood and lymph at fifteen pounds, disregarding the fact that all the so-called solid tissues, with the exception of bone and epidermic structures, contain an average of 60 to 70 per cent. of water. Fifteen pounds contain 105,000 grains. To make this fluid into a solution of 1 in 100,000 of corrosive sublimate—far too weak a solution to kill spores, though they might not grow in it—would require a dose of more than 1 grain, that is 2 ounces of liquor hydrargyri perchloridi of the *British Pharmacopœia*. To make a 1 per cent. solution of carbolic acid would require a dose of more than 2 ounces. This difficulty was ably pointed out by Koch, in his article on disinfection. DR. HANDFORD NOTTS.

Adonidin.

The active principle of adonis vernalis, is an amorphous bitter substance soluble in water or alcohol. Its action is exerted principally upon the heart and in dropsy arising from trouble with this organ. Its effects are marked, increasing the amount of water discharged very materially. It diminishes the number of heart beats and increases their strength. It rapidly raises the vascular tension, the feeble and irregular action of the heart becoming strong and regular under its influence. It has no special action in nervous troubles of the heart. The indications for the use of adonidin seem to be the same as that of digitalis, but it is less apt to disorder the stomach and is less dangerous. The dose is a third to a half a gram (five to eight grains).

King Ludwig Insane.

THE AUTOPSY ON THE REMAINS OF BAVARIA'S MAD RULER.

"Great interest attaches to the question of the alleged madness of the late King Louis of Bavaria. Many have hinted that his eccentricities were purposely exaggerated by those about him, and that he was not in reality insane. A leading English medical journal takes this view. The full report of the autopsy, which we give below, will therefore be read with close attention. It seems that on June 8, Prof. von Gudden, Dr. Hagen, Prof. Grashey, and Dr Hubrich deposed under oath (1) that King Louis was suffering from a well-advanced form of mental disturbance, known to alienists as paranoia (Verrucktheit;) (2) that this form of disease was one of gradual, progressive development, and was, in his Majesty's case, then incurable; (3) that through this disease the free will of thinking was completely destroyed, and he was permanently incapacitated for governing.

"Such was the unanimous opinion of the physicians mentioned. The post-mortem was made by Prof. Rüdinger, in the presence of Prof. Grashey and Drs. Kerschensteiner, Halm, Hubrich, and Rückert. Marked changes of various forms and of a degenerative nature were found in the skull, brain, and meninges. These changes were partly abnormal developments, partly chronic inflammations of old and recent date, and are described as follows:

"The scalp was very thick and enormously vascular. The skull was disproportionately small and asymmetrical. For example, the diagonal diameter from the left brow to the right side of the occiput was 17.2 centimeters, while from the right brow to the left occiput it was 17.9 centimeters. The skull was extraordinarily thin, its thickest portion being only 3 millimeters. The coronal and sagittal sutures on the inner surface of the skull were completely ossified. The longitudinal sinus was too much dilated posteriorly and narrowed anteriorly. There were several large and small bony protuberances on both sides of the inner surface of the frontal bone. The dura mater was in general much thickened, especially over the frontal bone, where it was vascular and roughened. The left petrous bone showed a projection which corresponded to a depression in the temporal lobe. The tentorium was irregularly thickened, and on stretching appeared porous and friable. All the blood vessels of the base were filled with a dark fluid blood.

"The brain, without the dura, weighed 1,349 grams, or about 43½ ounces. The arachnoid on both convexities of the cerebrum was thickened and milky-looking. At one place, about at the junction of the left first frontal and the ascending frontal, the pia and arachnoid membranes had become thickened and raised by fibrous proliferation. The skull over this point was almost as thin as paper. In certain localities on both sides the convolutions appeared shrunken, viz., at the beginning of all three of the frontal convolutions, the mesal parts of the anterior central convolutions, and in the region of the middle of the post-central fissure. The brain substance was vascular and soft. No microscopic examination has yet been made.

"The account thus given apparently does re-

veal degenerative changes. Taken in connection with the personal and family history they place the insanity of the King beyond all reasonable doubt, and make it quite unnecessary to suppose that there was any dark conspiracy in connection with his tragic end."—*Med. Record.*

Preserve THE WORLD in one of our Binders.

Since the 4th of June, Pasteur has inoculated eight hydrophobic patients under favorable circumstances, that is, within two weeks of the injury: of these two were bitten through their clothing. Nevertheless, one has succumbed, making the mortality equal to that which usually occurs in these cases, without any preventive treatment.

Diagnostic Table of Diseases of the Scalp.

ECZEMA.	PUSTULAR SYPHILIDE.	PSORIASIS.	RING WORM.	SEBORRHŒA.
1. Mostly in children.	Mostly in adults.	Rare in children.	Nearly always in children.	
2. Often entire scalp.	Mostly in small patches.	Usually small patches, abrupt border.	Circular patches, extending at edge, dry, scaly centre, papular, vesicular or pustular border.	Larger, irregular patches.
3. Severe itching.	No itching.	Itching not usually severe.	Slight itching.	Moderate itching.
4. Crusts brittle, often thick; scalp red, infiltrated, excoriated, exuding serum or pus.	Deep ulcerations, abrupt edges and unhealthy base.	Scales dry, white, and silvery, seated on red, dry, slightly elevated base.	Hair broken off like a stubble field; dry and split. Parasite seen with microscope.	Hair often falls out and may not be reproduced.
5. Patches shading off into healthy skin.	Other signs of syphilis present.	Psoriasis elsewhere, on elbows and knees.	Contagious.	Scales greasy and seated on a red, shiny, not exuding base.
6. Hair healthy, not broken or split.				

—(*From Rohe's Monograph on Eczema.*)

Injurious to the Teeth.

Many drugs and many diseases exert an injurious influence on the teeth; among the former, iron, alum, citric, nitric and other acids, and acid solutions of quinine; among the latter, measles, scarlet fever, acid dyspepsia, rickets, septicæmia, syphilis, and diseases of the womb. Even pregnancy tends to impair the teeth; this, however, is supposed to be caused by the demand for bony constituents for the growth of the child.

A country doctor once sent his stable boy to carry medicine to a patient several miles away. Arriving at his destination, the simple people greeted the youth as "Doctor;" which inflated his self importance considerably. A boy in the family having a sore toe, the "Doctor" was requested to examine it. After surveying the wounded member attentively, he gravely called for a chisel and mallet. These being procured, he proceeded to amputate the toe with a single blow; assuring the astonished family that the boy would never suffer with that toe again.

[Respectfully submitted to the ovariotomists—we beg their pardon—gynecologists.]

Bismuth in Dysentery.

Inflammation of the lower end of the rectum, with mucous and bloody evacuations, tenesmus, and even prolapsus, is specially relieved by the local employment of subnitrate of bismuth; which here acts equally as well as when administered by the mouth in cases of gastro-intestinal inflammation.

For infantile dysentery, 10 or more grains in mucilage may be used, after each evacuation, with the addition of a little laudanum when indicated. In a short time, this treatment has lessened the frequency of the stools and altered their character, and relieved the tenesmus; and after a few applications, relief of the prolapsus has also ensued.

July brings torrid, sweltering heat,
And people sunstruck in the street,
Torpedoes, crackers, horrid boys,
The glorious Fourth and all its noise.
* * * * * * *
In August we have cooler nights,
But then the dread mosquito bites.

—*The Office Boy.*

CLASS-ROOM NOTES.

[From the *College and Clinical Record.*]

—Prof. Bartholow says children are not insusceptible to the *action of mercury*, but are salivated with difficulty.

—Prof. Bartholow gives hydrocyanic acid for two or three days, followed by calomel, in the treatment of the *round worm.*

—For *myalgia*, Prof. Da Costa prescribed the following lotion:—

℞. Chloral.....ʒj
Lin. saponis comp.....fʒij M.

—Prof. Bartholow treated a case of *intercostal neuralgia* by the local application of a cone of chloral and menthol, moulded by the aid of spermaceti.

—*Nasal polypi* can sometimes be destroyed by—

℞. Acid. carbol.....mxiij
Aquæ.....fʒj. M.
SIG.—Inject a few drops into substance of polypus. (Sajous.)

—Prof. Bartholow recommends the bichloride of mercury in *dysentery of children*, where the discharges are of fresh mucus streaked with blood, tenesmus being present.

—Prof. Brinton asked "Hughy," an old attendant at the Pennsylvania Hospital, in what injuries he had seen the most trouble and the poorest results. He answered at once: "In fractures about the elbow."

—Prof. Bartholow speaks highly of the use of *ethyl iodide* by inhalation, when a prompt iodine impression or the local effect of the drug is desired. He gave syphilis of the brain as an example of the former, and caseous pneumonia of the latter.

—For *sexual hypochondriasis*, in a man æt. 26, Dr. Hearn ordered the following:—

℞. Sodii bromid.....ʒss
Tinct. gelsem.....
Tinct. cannab. indic.....āā fʒj
Aquæ.....
Syrup.....āā fʒiij. M.
SIG.—Two teaspoonfuls three times a day.

—Prof. Parvin treated a case of *chorea* as follows:—

℞. Liq. Potas. arsenitis.....gtt.ij.
SIG.—Take at meals.

Also—

℞. Hyoscyamin. sulph.....gr.$\frac{1}{100}$
Sodii bromid.....gr.v. M.
SIG.—To be taken in solution ter die.

—Prof. Da Costa treated *favus* with the following, with good results:—

℞. Liq. potas.....
Glycerini.....āā fʒss
Aquæ.....fʒiij. M.
SIG.—Use as lotion to soften old crusts.

℞. Hydrarg. chlor. corros.....gr.iv.
Aquæ.....ʒj M.
SIG.—Use as wash, twice daily, to parts affected.

—The following was prescribed by Dr. Cohen for a woman 68 years old, whose case was diagnosed as *disseminated sclerosis*:—

℞. Aurii et sodii chlor.....
Hydrarg. bichloridi.....
Arsenici iodidi.....āā....gr.j
Extract. cinchonæ.....q.s. M.
Ft. pil. xx.
SIG.—One after meals.

—Dr. Jurist recommends the following in various conditions of the *throat* requiring a gargle:—

℞. Tinct. guaiac. comp.....
Tinct. cinchon. comp.....āā fʒij
Potas. chlor.....fʒj
Mel desp.....fʒj
Aquæ.....q. s. ad fʒiij. M.
SIG.—As a gargle.

—Prof. Bartholow had at his clinic a patient with *hepatic colic*, who was not jaundiced. The stone may be of such a size that suffering is produced by its passage through the cystic duct, while it passes without pain through the common duct, and without obstruction; therefore jaundice is not produced. To keep the bile alkaline and so prevent the further formation of gall stones, give persistently sodium phosphate or cholate.

—The following is a formula given by Dr. Levis, much used at the Pennsylvania Hospital, for *fixed dressings*:—

℞. Glue.....lb. i
Oxide of zinc.....lb. 2
Water.....Cong. i. M.
SIG.—To be applied while hot, by means of a brush.

It takes only a few hours to harden, in this respect being preferable to the silicate of soda dressing.

—Prof. Bartholow recently exhibited to the class a galvanic battery of recent introduction, which he considered quite worthy of attention, in one respect, at least. In its use the whole number of cells is always employed, and the strength of the current desired obtained by the rheostat through which it is passed, which can be easily regulated by means of a simple mechanical device.

One advantage claimed by this battery is obvious, that is, that it all "runs down" together, and one cell becomes exhausted no sooner than any other, which cannot be said of other batteries, where the cells most frequently selected by the operator require to be removed from time to time, while other remaining cells have not been used at all.

—From a lecture recently given by Dr. Hearn, the following was taken regarding treatment of *gonorrhœa*:—For first stages, a

mild diet; avoid excesses, especially of drink; locally, hot-water baths for penis, also hot-water injections, together with the antimonial saline mixture, or—

℞. Potas. citrat.....gr.xx
Sodii bromid.....gr.xl. M.
SIG.—Ter die.

In second stage, resort to copaiba, cubebs, and especially was oil of sandal wood recommended. Copaiba could be given in a mixture of acacia syrup and water, together with citrate of potassium, or in syrup sarsaparillæ with cubebs.

In third stage, use one of the following as injections:—

℞. Plumbi acet.....gr.ij
Zinci sulph.....gr.j
Aquæ.....f℥j. M.
SIG.—As injection.

℞. Hydrarg. chlor. corros.....gr.j
Liq. calcis.....f℥j
Aquæ.....f℥xij. M.
SIG.—As injection.

If discharge persists, use steel bougies three times a week.

Notes on Treatment of Sunstroke according to Prof. Da Costa.

BY REPORTER OF "CLASS-ROOM NOTES."

For *heat exhaustion*, removal to a cool place, stimulation and forced feeding. For sunstroke proper, or *thermic fever*, reduce the temperature by stripping patient and dousing with cold water, or rub down with ice. A new method, introduced into practice simultaneously by some New York doctors and by Dr. Orville Horwitz of this city, is the use of antipyrine, either hypodermically, per rectum, or by the mouth. This plan has given excellent results. Turpentine by the bowel, at times, is useful. When the face is flushed, pulse full, put a drop or two of croton oil on the tongue. The use of the lancet is not advised, but exceptionally, when the case simulates apoplexy, it may be called for. Dry cups to the back of the neck in these cases do good. See that the kidneys keep acting; keep the system full of liquids; give water by the rectum. For convulsive phenomena, asafœtida by the bowel, inhalations of chloroform, with care, and chloral hypodermically, all do good; but the most certain is morphia, thrown under the skin.

When the acute symptoms are over, a long treatment is necessary. If the patient has means, he should remove to a cool climate, at least during the summer, and do no work of any nature for a year. Care must be taken about the function of the bladder, as irritability of that organ remains, also severe headache. Both of these troubles are best relieved by potassium bromide and cannabis indica.

Original Communications.

Short articles on the treatment of diseases and experience with new remedies are solicited from the profession for this department; also difficult cases for diagnosis and treatment.

Articles accepted must be contributed to this journal *only*. The editors are not responsible for views expressed by contributors.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them: and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else. —RUSKIN

In reply to a number of communications, we desire to state that Dr. McShane has written to us, that the claim of 80 patients daily was a mistake of the pen.

A very interesting letter has been received from M. M., on the use of cocaine in the opium habit; the letter, unfortunately being too long for the WORLD. The author agrees with Dr. Scheerford in condemning the drug, and gives some very remarkable instances of insanity following its use. As we have used coca successfully in this habit, we beg to refer Dr. M. M., and any others interested, to the Phila. *Med. Times*, March 20th, 1886, for the record of a case treated by what we believe to be the correct principles.

From this article we quote the following: "I may here state my utter disbelief in any heaven-sent specific, which cures by giving so many doses in any given time. All the cures observed by me have been brought about by a system of combined moral and medical treatment, based on the general principles of medicine, applied to the indications present in each individual case."

Coca is not a specific but a valuable help in the treatment of this habit. The special use of this drug is to obviate the depression caused by the disuse of the opiates. Coca bridges over the period until the other remedies indicated, rest, tonics, nervous sedatives, exercise, change, etc., have had time to act.

Nothing will do away with the necessity for a careful study of each case, and this search for specifics is after all simply a desire to save oneself from a little work.

Errors in Diagnosis.

Editor MEDICAL WORLD:

If all your readers who make mistakes in medical practice, should forward you a full and particular account of the same, you would be compelled to enlarge your journal to find room to record them. Some mistakes are unjustifiable blunders, others spring from the necessary limitations of human perception.

Errors in diagnosis are frequently made. It would be strange indeed were it otherwise. In

emergencies, the doctor is often unable to get any intelligible history of the case. He is often required to announce *ex cathedra*, the nature of the illness, as the immediate action to be taken depends upon his dictum. In this way a case of presumed alcoholism is tumbled into the station-house cell, and a near autopsy reveals a fracture of the skull. A supposed abscess is opened, only to startle the operator as he punctures an aneurismal sac. The indefinite boundary between eccentricity and insanity is suddenly punctuated by suicides or a homicide, so that what the expert failed to see is resolved by the logic of events. The head of a nation is shot down by an assassin. Able surgeons trace the bullet into a false pocket; electricity claims to determine its location. At home and abroad journals are filled with commendations or criticisms of the treatment. Everybody but those in charge of the case knows just what ought to be done. At last a post-mortem shows wherein every one was in error.

These and similar mishaps have occurred to the ablest practitioners the world has known; how then can those of only average wisdom, foresight and skill, expect to be always right? The following cases, briefly outlined, illustrate errors in diagnosis:

I. Ida L., 11, was found in her room in apparent convulsions. Had vomited freely, and among the ejecta much undigested fibrous portion of orange. No history obtainable. Diagnosis, "Eclampsia from gastric irritation." Recovery was singularly slow and protracted. Weeks elapsed before she was out of doors. A few months after, while playing with other girls, she suddenly threw up her hands, exclaiming, "catch me, girls, I'm going to faint;" fell insensible, never regained consciousness, and died in about four hours. Autopsy showed rupture of cerebral vessels; ventricles and spinal canal filled with blood. Evidence of previous trouble was also found, making it clear that the mysterious eclampsia was due to slight cerebral lesion at that time.

II. M. W., child, 9. Many children in the vicinity and three in this family were suffering from mumps, This child was attacked somewhat as the others were, the variations being attributed to the idiosyncracy of the child, and greater severity of the disease; symptoms grew worse, became serious. Finally, when too late, a very careful examination revealed it to be a case of diphtheria, which proved fatal. The moral is obvious, "take nothing for granted."

III. Mrs. L., 48. Menses had disappeared for about 18 months. Flow now reappeared. About this time she began to have nervous attacks, was melancholy, despondent, had great fear of sudden death. Had strange convulsive seizures, simulating hysteria, felt something rising in the throat (globus hystericus?), almost suffocating her on lying down. These attacks with many variations, lasted for some weeks. She was a woman of culture, but these attacks prayed much upon her mind. They answered in almost every particular to the typical nervous derangements attributed to "change of life." At length, during an attack with the choking sensation, she pushed her fingers into her throat and seized and pulled out—a lumbricoid worm, 7 or 8 inches long. This was the *end* of all the trouble.

IV. Mrs. G., 27, one child 2 years old. In the autumn of '84 began to have menstrual derangements, irregular in time, sometimes too free, then too scanty. Depression of spirits, suicidal tendency. Took a bitter dislike to her home and all her friends. Everything was done to humor her strange wild fancies. Examination failed to reveal any local cause sufficient to account for her troubles. Diagnosis not clear, treatment not satisfactory. This state of things continued with variations for better, for worse, until July, '85, when she had a fearful uterine hemorrhage, checked only with the utmost difficulty. Subsequently, I went over the cavity of the uterus with the curette, and flattered myself that I had removed some small granulations, the assumed cause of the hemorrhage. A few days later came another flooding, such that for hours, by hypodermics of brandy and morphine and surrounding her with hot bottles, she was barely kept alive. An able specialist, in consultation, also curetted the uterus to remove the possible cause of hemorrhage. A few days later, another flooding, and fœtus of not less than 4 months!! Here was a revelation. Pregnancy had not even been suspected by any one. Just here is a place for questions and comments on the skill of the attending physicians.

The only answer is that when it became necessary to give chloroform and pass the hand into the uterus to remove the placenta, part of the mystery was solved—that part relating to the pregnancy and futile examinations. The uterus was *bicorned*, so much so as to be practically a *double uterus*. The miscarriage was probably not produced by reckless probing, but both the hemorrhage and the miscarriage were the result of the condition of the uterus, and the history and result correspond to what has been clearly stated by standard writers. The early months of her illness clearly masked the later conditions.

BROOKLYN, N.Y. BENJ. EDSON, M.D.

Mushroom Poisoning.

Editor MEDICAL WORLD:

The following case may possibly present some points of interest to some of the readers of the "WORLD." On the 26th ult., 4 o'clk A. M., I was called to see a family of three persons, mother and two sons; the latter aged respectively 14 and 16. I was informed that all of them had partaken largely, the evening previous, of toadstools, mistaking them for mushrooms. In the case of the boys, the poison had acted as an irritant, causing vomiting and purging, so that it had not affected them seriously. But with the mother it had a very decided narcotic effect. She was in a profound stupor, with occasional slight spasm of the muscles of the arms and legs. Pulse very feeble, pupils dilated and insensible to the light. As her condition was such as to render it impossible to administer any medicine by the mouth, I at once proceeded to use mustard plasters externally and hypodermic injections of brandy. After several hours, there having been no evidence of returning consciousness, I gave an enema; which caused a copious action from her bowels; after which I gave an injection per rectum of hot water and brandy, which caused her pulse to increase in volume and a return of warmth to the surface of the body. She gradually became so that she could articulate, but her conversation was incoherent, and for two days she was in a state of acute mania. During this stage her pupils were closely contracted. After some difficulty I succeeded in getting her to take a dose of chloral hydr. which produced eight hours' sleep, when she awoke comparatively rational and has continued to improve up to this time. I don't remember having seen any case of the kind reported in the journals, but presume they have been, as such cases are likely to occur.

In the same number of the WORLD, "Subscriber" asks for the most palatable form for administering tr. iron. The following is the best I have ever seen recommended. Add simple syrup, so that the requisite dose will measure a teaspoonful, and give in a small quantity of sweet milk. This deprives the iron of all styptic taste so that children will take it and never detect that it is anything more than sweetened milk.

Now, I wish to ask some of the brethren to do me the favor to suggest some remedy that will remove the blue discoloration from the skin caused by coal cinder. It is in the case of a young man who fell on a pile of cinder whilst jumping from the cars while in motion. The fall caused some abrasion of the cuticle and the small particles of cinder became embedded in or under the skin of the side of the face so that it spoils his *beauty* to some extent. It has occurred to me that a blister might cause the absorption of it, but I will not try anything until I hear from some of the readers of the WORLD, who have always shown a willingness to respond promptly when called upon.

Very respectfully, etc.,

Rural Retreat, Va. H. S. CROCKETT.

[Your case is very interesting; especially the fact of the pupils contracting in the maniacal stage, which is new to us. In the early stage of mushroom poisoning the pupils contract, when sopor occurs they dilate. Could you not ascertain the variety eaten?—Ed.]

Aetiology of Asiatic Cholera.

Editor MEDICAL WORLD:

An entity may exist and be known, the wherefore remain forever beyond our ken. Effects may be known but the cause never. Vitality! What is it? Perhaps the legitimate result of electro-chemical forces; but known only to the great author who framed those mysterious laws that govern.

The influence of planetary and atmospheric electricity, and terrestrial magnetism, are subjects of great importance to physicians as well as to the human family. The system of electrical batteries contained in the living body is doubtless the source of life. The sun itself may be only the negative pole of a vast celestial battery, and thence maintain its liquid heat despite the intense cold of space. Can any other hypothesis explain it better? At least we know that the appearance of spots upon its surface has a periodicity; and also a wonderful influence upon our earthly planet. Is anything yet known of the mysterious influence of this wonderful force upon the life and health of the human race? The cause of the periodical rise and singular progression of Asiatic cholera is as little known. All the theories advanced regarding it I consider untenable and wholly unsatisfactory.

The erratic and singular movements of the disease force me to regard it as an atmospheric electrical or terrestrial magnetic phenomenon (I can't "wreak my thoughts on words"). The zigzag erratic march of cholera at Lexington, Ky. 1849, reminded me more of the manner of forked lightning, in modified and deliberate form, than of anything else. Between the lunatic asylum in the suburbs and at that time the scourged city of Cincinnati, there was no communication; but daily intercourse between the two cities; yet the cholera struck the asylum first and raged there for many days while the city remained exempt. Suddenly leaving the asylum—and never returning—it struck the city

pursuing a zigzag course throughout the place, prevailing here and there at times while other parts were free, two angles of a square were attacked the other two free—the square seemed polarized—a street often entirely dividing the dead and dying from the well and unaffected.

Cholera scales mountain ranges, traverses continents, and crosses oceans, progresses in the teeth of head winds, prevails in the heat of summer, and during the cold of winter; passes the ocean often in a vein not over a mile in width, prefers moist localities and water courses, obeys none of the known laws of contagious or infectious diseases.

The British armies in the East Indies strike tents and march at right angles to its course when coming; and thus escape the destroyer altogether. In view of the above facts—only a few of what might be adduced—I am forced to the conclusion that cholera is an electrical phenomenon, and caused by a *deficiency* of that fluid or force in the locality where cholera prevails, and its pathology would seem to be a paresis of the centers of the nerves that control the alimentary or other exhalent vessels of the system. (I knew a case in 1849 to sweat instead of purge to death).

During the epidemic of 1849, the city of Lexington was clothed in gloom and mourning. The atmosphere was cool and damp, the clouds in great part hung like a dark pall overhead. Black despair was written upon every face, and at last when the stricken people seemed doomed, the lightnings flashed and thunders rolled over the devoted city; then the pestilence was stayed.

An attempt to quarantine Asiatic cholera is in my estimation a folly so great as to approach crime,—as well try to quarantine a cyclone.

Temperance in eating and drinking, cleanliness and strict sanitary regulations, are the preventives. Filth, crowding, ill ventilation, alcoholism, over-fatigue, intemperance in eating, in short all agencies that tend to vitiate the blood and *depress* the *vital force*, *predispose* an individual whose batteries are thereby enfeebled, to attack during an epidemic. Along great commercial routes of travel, in crowded cities, especially among the pilgrims to Mecca these conditions abound; and I have no doubt in cholera times every case of virulent cholera morbus is set down as Asiatic cholera. I have seen in my own practice many cases of severe cholera morbus to have rice water discharges; blue corrugated skin and cramps of extremities; which recovered and were not considered cases of Asiatic cholera. I do not believe Asiatic cholera can occur sporadically.

In venturing to give these few hastily collected thoughts to THE MEDICAL WORLD, I only wish to direct the professional mind to this subject in order that abler pens than mine may take it up. W. D. HUTCHINS, M. D.

Madison, Ind.

[Whether we accept your theory or not, doctor, we agree most heartily in your recommendation of sanitary measures as preventives of this scourge. In fact, if an occasional epidemic of cholera serves to awaken us to a sense of our duty in sanitary matters, it may not be an unmixed evil.—ED.]

"A Tapeworm Successfully Treated."

Editor MEDICAL WORLD:

In reading the article under the above heading in your last issue, it seemed to me worthy of some further discussion. In the first place Dr. D—— says that the general practitioner rarely comes in contact with a case of tapeworm. That is certainly a mistake. In this locality at least, cases of tapeworm are very common, and I see no reason why we should be particularly favored by their presence. It is true that Cincinnati is sometimes termed Porkopolis, and there is certainly a great deal of pork consumed here; and by some, the Germans especially, in a semi raw condition in the form of sausage and ham. But *Cobbold* has proven that the porkworm is not the *common* tapeworm, but that the beef furnishes the vast majority of these parasites of which we are the hosts. Every practitioner in this vicinity will meet one or more cases of tapeworm each year, and for the reason that it is comparatively common I think the subject an interesting one.

In six years of an ordinary busy practice, I have treated seven cases of tapeworm successfully. Three of them were cured by one dose; three had to take a second dose of the same mixture before the *head* was expelled and a cure effected. These six cases were all given the same prescription, a mixture of male fern, pomegranate root, etc. I got the receipt from a German medical journal. It was one of Prof. Tauszky's, and I claim no originality for the same. I think the male fern was the active ingredient, and probably the capsules of Dr. D—— are quite as good. I felt very proud of this prescription, and gave it to several physicians in this community, and they had equal success with it. So when the seventh and last case presented himself, a man 6 ft. 5 in. in height and very muscular, I went at him very hopefully. I gave him his instructions as to fasting, etc. He took his medicine at bedtime after fasting all day (excepting herring and onions), and next morning came up with his worm, about 20 ft., but I could not find the head. Hoping he had lost it by the thorough washing he had

given it, I said nothing to him about not finding it. In just 9 weeks he returned and told me "he had another." The proglottides had put in an appearance. I told him then that it was the same worm and that we had failed before to get the head, but hoped for better luck next time. He had as much faith in the mixture as I had, and wanted to take the same again. He took it again as before, only stronger of Male Fern; and he had great difficulty in keeping it down, but by sucking a lemon continuously he retained it. He was very careful this time in washing it out. It was just the same size as before, but again we could not find the head, and in 9 weeks to the day it again reappeared. This time I gave him an emulsion containing *two ounces* of turpentine, (as recommended by Thomas Leidy, in Pippen's Encyclopædia), to be taken at one dose. This brought the worm *complete* and he has since improved very much in health. He had some slight symptoms of strangury, but very little, as he had been warned and was prepared for it, and was easily relieved; he suffered no other inconvenience and went about his work the next day.

I have still as much faith in the fern, but no longer consider it the only remedy. In Dr. Dugas' case after failing to get all the worm after administering the capsules of male fern, the next day he gives 15 drops of turpentine, 3¼ ʒ of chloroform, 1½ ʒ of castor oil. He leaves the impression that this dose may have been the one that caused the death and expulsion of the worm; but he probably meant to convey the idea that the male fern killed the worm and this caused the expulsion. The amount of turpentine was in my opinion entirely too small to do any good, the castor oil or salts alone would have done as well.

Respectfully,

Newport, Ky. DOUGLAS SCHORFORD, M. D.

I have looked for the JULY number with a great deal of curiosity to see if no one replied to Dr. Cline of Tom's Brook, Va., in regard to his famous case—abscess of lung—one lung all gone. Dr. Montague sizes it up exactly—exchange of experience and—and fair criticism is what makes this journal so valuable to the general practitioner, especially in the country where many have not the advantages of meeting in societies. Respectfully, D. S.

Editor MEDICAL WORLD:

Please find enclosed $1.00 for the renewal of my subscription for THE WORLD, which I cannot afford to be without.

Seeing an article on tape worm in the July number, which seemed of the "kill or cure" order, I give my only case. It occurred in my first year of practice; and as a result my office is adorned by a bottle containing the *parasite*.

My treatment was as follows: Being assured that the patient possessed a tapeworm, I put him upon a liquid diet, principally milk; and ordered him to eat pumpkin seeds and to drink the tea made by steeping them. At the end of twenty-four hours I gave a brisk cathartic; but as it produced no good results, I began giving ol. tiglii in broken doses; giving four drops within three hours. In a short time a small piece was passed; soon followed by the entire worm intact.

There is a gentleman in this section now, who is anxious to get rid of one; but the *ordeal* that other physicians have put him through has made him look on the attempt with horror. Brethren, look well to the food the patient takes; use one taenicide thoroughly; make the cathartics prompt and certain; and I believe your disappointments will be few.

Black Brook, N. Y. O. F. GEORGE, M. D.

Aid in Memorizing Doses.

To commit the pharmacopœial dosage to memory without something like artificial means, is next to an impossibility.

Here I propose to lay down some general rules with their exceptions, which are thoroughly reliable; and as far as they go, tend to render the memorizing of dosage a pleasure rather than a toil. They are as follows:

1. The dose of all infusions is 1 to 2 ozs., except infusion of digitalis, which is 2 to 4 drs.

2. Dose of all poisonous tinctures is 5 to 20 minims, *except* tincture of aconite, which is 1 to 5.

3. Dose of all wines is from ½ to 1 fl. dr., except wine of opium, which 5 to 15 minims.

4. Of all poisonous solid extracts you can give ½ gr., except extract of calabar bean, which is $\frac{1}{16}$ to ¼ gr.

5. Dose of all dilute acids is from 5 to 20 minims, except dilute hydrocyanic acid, which is 2 to 8 minims.

6. Dose of all aquæ is from 1 to 2 ozs., except aqua lauro cerasus and aqua ammonia, which are 10 to 30 minims.

7. Of all syrups you can give 1 drachm.

8. Dose of all mixtures is from ½ to 1 fl. oz.

9. Dose of all spirits is from ½ to 1 fl. dr.

10. Dose of all essential oils is from 1 to 5 minims.

G. A. WIGGINS, M. D., L. M.
Surgical Institute, Philadelphia.

Erratum.

On page 214, Dr. Hart's prescription for small pox should have called for ʒij sulphate of soda instead of ʒij.

Mistakes in Practice.

Editor MEDICAL WORLD:

A few years ago, I was called to attend a lady, and found her suffering with a good deal of pain in the region of the uterus, and she was partially unconscious. Two of her neighbors were assisting her when I arrived. I endeavored to find out if she had taken anything, but she was as mum as a Quaker meeting. One of the ladies asked me what I thought was the trouble, and I very unwisely answered, that I believed she had taken something, with the view, of course, of producing an abortion. I didn't do any more business in that family in a long time.

I never received any training in the extraction of teeth, and when a student in the office of my preceptor, I made a total failure at one time in trying to extract a tooth. That should have been a sufficient lesson to me, but it wasn't. I occasionally receive a call to extract a tooth. I do not own a pair of tooth forceps, and always send such calls to a dentist. One rainy night, about three years ago, I was prevailed upon to visit a lady for the purpose of extracting a tooth. I was told that the friends had a pair of forceps. The truth is, I havn't confidence enough in myself to extract a tooth. I failed, of course. I then furnished my horse and carriage, gratis, for the friends to take her to a dentist. Every failure, however small, can not help but tarnish a man's professional reputation. I have not attempted to extract a tooth since, and when I do, "it will be a cold day." It is true that country practitioners must extract teeth, and I believe that that branch of *minor surgery* should be taught, practically, in our medical colleges. A little actual practice, under the guidance of an experienced operator, would go a good ways in establishing a professional reputation.

JEHOIAKIM.

Two Mistakes. Comments and Replies.

Editor MEDICAL WORLD:

Jehoikim's report of his mistakes is refreshing. When one can see his errors and own them he is near the home of wisdom.

> "O wad some power the giftie gie us
> To see oursels as ithers see us!"

1. During the first year of my practice I was called to see a married woman, (the mother of several children), whose menses had disappeared for about seven months, with much enlargement of the abdomen. I suggested pregnancy, but she was certain she was not in the family-way. She had been growing weak and losing flesh for some time; and began to fear dropsy and death. I examined her pretty thoroughly and finally concluded she had an ovarian tumor. I informed her friends of her danger, and that an operation was the only hope of saving her. This in a back woods settlement was something marvellous; and the new doctor and his patient were the subjects of gossip for some time. A few weeks afterwards I was in the settlement again, and a gossipy neighbor informed me that my tumor had turned out, in the hands of a "granny," to be a dead baby with an enormous quantity of liquor amnii.

2. After being in practice about eight years and having removed from a country village to a town, I was called one night to treat a lady of excellent ability, fine education and great refinement; who had travelled much and knew many of the first physicians of Europe; where she had been treated for hæmoptysis, as she informed me. I was a perfect stranger to her, as she was to me. I found her suffering from nervous prostration, and having spit up some blood she was much alarmed; and from the history she gave me I was also afraid she might have a copious hemorrhage, and began to treat her accordingly; although her lungs seemed to be in very good condition. After treating her for two weeks with no improvement, I was puzzled; and began to reinvestigate her case, but could get no clue from her or her friends, why she could not sleep or eat or keep herself tidy in bed. At last I investigated her closet, and found it almost literally filled with cologne bottles, bay rum bottles, wine bottles and chloral mixtures, mostly empty. This refind lady was a sot, and drank anything partaking of spirits or narcotics, that she could get her hands on. I found out my error in diagnosis, and cut off her supply of stimulants; when all her bad symptoms improved rapidly and she was soon on the road to health. But alas! as she got out of doors again, she fell into her old habits; and soon after moved away. Since then, I have not seen her, but hear occasionally that she is yet in the toils of the adder of the wine cup. This was my first case of alcoholism in a lady, and I was completely off my guard. Now I do not consider clothes, social position or education, as indicating a freedom from inebriety or venereal diseases.

Dr. Hofmann's treatment of fistula in ano strikes me very favorably; and I hope many of the readers of THE WORLD will try it and report.

I deliver the placenta now, after trying about all the methods recommended by the authors of text books, as follows: As soon as the cord is cut, which I do as soon as the child is born, I take the cord in my right hand, and put it on the stretch gently but firmly, grasp the fundus of the uterus with my left hand and gently compress it, at the same time making just enough

traction on the cord to keep it straight; giving it a swaying motion to right or left and front and back; and in almost every case, I have the placenta in the *pot de chambre* in a very few minutes. If it does not move easily, I slide the index finger of my right hand along the cord till it reaches the placenta, and gently pull down one side, when unless adherent, it will come away at once. If the membranes are in tow, I turn the whole mass round and round to twist them into a cord; which prevents any pieces being torn off and left in the uterus. The sooner the after birth is delivered, after it is disconnected from the womb, the better. And in all normal cases it is loose as soon as the womb is contracted small enough to squeeze the placenta.

In reply to E. M.'s inquiry, I say yes, but he could have improved the method by making a small puncture high up on the "bag of waters" and allowed it to drain off slowly. Very few such cases would have a prolapse of the cord; no matter if the membranes were punctured at the lower part.

Many other thoughts come rushing to my mind, for the July WORLD is suggestive of much, but I must not encroach on your valuable space too much. THOS. W. MUSGROVE, M. D.

Carleton, St. John, N. B.

Delivering the Placenta.

Editor MEDICAL WORLD:

In answer to question "How do you deliver the placenta," I would say that my custom has been for more than twenty-five years to give a dose of ergot about fifteen or twenty minutes before expulsion of head. Thus, so soon as the child is delivered, (and breathing well) and cord tied *once* and cut, I seize the uterus with left hand, producing contraction, and with the the right make steady traction, on cord, until placenta comes away, which is usually in a few minutes.

Since adopting above method I have never had a retained placenta or a case of uterine hemorrhage. My cases will number many hundreds. With this method few cases of uterine inflammation will occur. Wishing you great success in efforts to spread medical knowledge, I am with much respect, Yours truly,

Milan, Tenn. M. D. L. JORDAN, M. D.

The Third Stage of Labor.

Editor MEDICAL WORLD:

It seems to have become a mania to *write something* for the medical journals; what shall we call it in true medical parlance, mania scriptum? We have mania a potu, nymphomania, mania hysterica, and why not mania scriptum? And now I am foolish enough to run the risk of becoming a maniac myself. I shall endeavor however, to so control my penchant for writing as not to become a *raving maniac.*

I have just received a copy of THE MEDICAL WORLD, and find among its many readable articles, that the topic of The Third Stage of Labor finds quite a liberal patronage.

We find much of late in our medical journals relating to the subject; and no subject, it seems, could call forth a greater diversity of opinion than has this; from the hundreds of pens which have taken it up. But it seems to me too many of our writers have forgotten the "Vis Naturae Medicatrix;" at least in their obstetrical practice. They launch out independently of "old mother nature," treating the third stage of labor as though it were a pathological, instead of a physiological event. Why is it we cannot remember, that the lying-in-woman is not to be looked upon as a person sick; but a person in health; performing one of the acts belonging to health, and one in which four hundred and ninety-nine cases out of every five hundred, need only a good nurse to look after the babe, and assist the mother in observing absolute cleanliness, in regard to herself and bed. Every practitioner should set his face steadfastly against meddlesome midwifery; and only go to the parturient female to assist, should anything arise with which nature is incompetent to cope; and then be prepared with art "well in hand," and well seasoned with "common sense," to remove the difficulty.

I believe every medical student should be well versed in the mechanism of labor; thoroughly grounded in this great physiological effort of Nature's in propagating the race; its history from conception to the final bringing forth. And then have the words in *large letters* stamped indelibly upon their brains, "HANDS OFF!" Then and only then, will woman be safe to fulfill the duty for which she was created; the bearing of her species.

I would ask my friend, of thirty-seven years experience, why so anxious to get a *strong cord* around the funis, as soon as the child makes its exit from the mother's genitalia? I do not like the answer he has given; for the notion that the child is in danger of bleeding itself to death, is a hypothesis to me decidedly untenable, and unproven by experience. I will call the attention of the doctor to a large Paris lying-in-hospital, where the funis is left unsevered for twenty-four hours; and we have no knowledge of any little Frenchmen *bleeding themselves* to death there. And again, the experience of many American physicians, my own included.

convinces me that the American babies are not in the habit of bleeding themselves to death, by having the navel string remain uncut until all pulsations have ceased in it; which course I invariably pursue, unless some complication arises; when it is desirable to remove the child for the mother's sake, or its own; when in an asphyxiated condition, which does not occur once in five hundred cases. If our friend will take a little time, and investigate this subject by watching a few cases, from ten to thirty minutes before severing the cord, keeping his finger upon the pulsating organ near the pudendum of the mother until it ceases to pulsate, and then following the receding pulse until he reaches the abdomen of the infant, he will very soon be convinced that, instead of depletion taking place in the child, it is depleting the placenta. And then for more positive proof, let him note the difference in the two placentæ after removal from the mother. He will find the one that had its funis ligated immediately, engorged with blood, heavy and unwieldy, while the one that was left to the child for fifteen or twenty minutes, is almost bloodless, flabby and pale; and "last but not least," of much easier extraction. The latter fact must obtain on account of its decreased bulk.

I deem it as impossible for the child to bleed into the placenta, as the adult to bleed into the liver or any other large gland of the organism. My method of conducting the third stage of labor is as follows:

After the child has made a safe exit, I keep my one hand upon the abdomen of the mother, steadying the womb with a gentle pressure, while my other hand is watching the cord; and so soon as the pulsations have entirely ceased, never until then, under normal conditions, I proceed to ligate and separate; using only one ligature. I frequently think the one superfluous; for after the circulation has stopped in the cord, there cannot well be any hemorrhage, unless there should some abnormal condition arise. However I use the ligature in all cases, but I must confess, more to quiet the fears of onlookers than for any other reason. I have never experienced any difficulty in the removal of placenta in natural labor, it being nothing more than a foreign body. After the child has been removed I usually practice slight traction upon the funis with one hand, while guiding it with the other; keeping always in view the curvatures of the pelvis.

Sedalia, Mo. IRA T. BRONSON, M. D.

AT the rate the Hospital Formulæ are going off the second edition will not last long. Send in your orders at once, if you do not wish to be disappointed. Price, $1.00.

Still Another.

Editor MEDICAL WORLD:

In your June issue I note the continuance of your inquiry for method of managing the third stage of labor; an item of more importance than is generally thought.

I would say, first, know your duty; understand the anatomy, physiology, and normal process of manipulating lying-in women.

I find the results of my method to be, everything normal after the accouchement, and the patient rejoiced. I place my hand flat upon the abdomen, with a moderate grip. Soon a pain is felt, and then the placenta. If requisite my finger is introduced to surround the placenta; and this may be followed by slight traction. Be careful not to tug, as you would at a cable, at the umbilical cord. Then my lady must be neatly bandaged, not over-tightly, but a little closer at the lower end of the bandage. The soiled clothes must be removed, and an entire change to clean, dry garments effected. She is then placed upon the right side and allowed to rest.

The abnormal cases are to be met, with acquired knowledge that has been found available in such cases. I present you a recent instance in my practice. The lady was small, 34 years of age, and had aborted at the second month, retaining the fœtus some weeks. The bed was drenched and blood still flowing when I found her. I administered a drachm of fluid extract ergot, repeating the dose in twenty minutes, with the addition of a drachm of fluid extract viburnum. She still continued to flow; so I hurried to my office and brought my electric battery. I applied first the faradic (secondary) current and then the primary. In thirty minutes a putrefied offensive placenta was discharged.

The patient was bandaged, dressed as after labor, room ventilated, chloride of lime kept at the bed-side, and all ended well.

The lady is fully restored. And may the World grow wiser, and men of the medical fraternity more meritorious, with respect for your brevity, and esteem for virtue.

Emporia, Kas. J. M. HARRIS, M. D.

Delivery of Placenta. Post Partum Bandage.

Editor MEDICAL WORLD:

There have been so many articles written on the above subjects, that it seems superfluous to send you any more, but as it is desired by your correspondents to get a full expression of opinion, I have concluded to give my experience of thirty-six years in an extensive country practice. I have had more work of this kind than usually falls to the lot of the country practi-

tioner, being often sent for to attend labor cases in families where the practice in cases of disease is done by another physician. I am surprised to find such a difference of opinion in regard to the delivery of the placenta, and the use of the bandage.

I deliver the placenta as soon as the child is separated and delivered to the nurse; and by the following method: I take hold of the cord close up to the vulva with one hand, and place the other hand over the region of the uterus and make gentle pressure, drawing gently upon the cord and telling the mother to bear down; as the distinguished Dr. Hodge, of Philadelphia, used to direct his patients in labor to do; this is generally sufficient, if not I pass my hand into the uterus, grasp the placenta, and draw it out, loosening any adhesions of course at the same time. There is never any trouble except in hour-glass contraction; but this is easily overcome. It may be well to say that I always give ℥ss fl. ext. ergot just previous to the expulsion of the child, unless for reasons I have given it in certain stages of labor. I did not think any one could doubt the advantage of the "post partum bandage." It prevents in a great measure syncope, and those sensations of sinking of which patients frequently complain, supports the weakened abdominal muscles, thereby preventing that bagging of the abdomen which is frequently seen in breeding women; and prevents hæmorrhage by the pressure brought to bear on the uterus from the abdominal muscles and viscera; in fact it supports the whole flagging system consequent upon the expulsion of the child and secundines. I do not care for it to be worn longer than a week; after that I think it rather injurious, as if not properly managed it may prevent to some extent the ascent of the uterus to it normal position.

Port Conway, Va. M. N. JETT, M. D.

Post Partum Bandage.

Editor MEDICAL WORLD:

I comply with your note and give my idea of the proper use of the post partum bandage. If I used the bandage because it was expected that I should do so, and by omitting it would risk the displeasure of the patient and her family, I should consider that I used it improperly.

If on the contrary I used it because I knew what I desired to accomplish by its use and had so far always succeeded, I think I used it properly. I find on the completion of labor the parts greatly distended and relaxed. I consider the indications are for rest. I desire to assist nature in contracting and restoring the parts to their normal size. The post-partum bandage is the appliance I use for that purpose. I adjust it with this end in view, in no sense as a *binder*, but as a support, a help. I use unbleached muslin, frequently a flour sack that has been washed since used. I have it to reach from the ensiform cartilage to the pubis; in length one and a half times around the body. I fasten it at the sides using the small safety pins, commencing at the top and working downwards. I take up all slack at the sides as far as possible, avoiding manipulating over the median line. I am careful not to have too much pressure. I try to have the bandage adjusted so as to *assist* the parts to contract and not *force* them; there must be no wrinkles next the skin; the pressure must be light and uniform over the whole abdominal region. I generally succeed in having the nurse arrange the napkins for the reception of the lochial discharge so as to prevent soiling the bandage. I prefer to allow them to remain on even if a little soiled to changing them; which I never do unless absolutely necessary. The bandage should be kept up to place by tightening or drawing up the slack at least twice a day, this to be done with very little if any disturbance to the patient. I retain the bandage from two to four days.

I disclaim using the bandage on account of its antiquity; at the same time, because it has been used for so long a time is not a reason why it should now become obsolete.

ST. PAUL, MINN. CHAS. H. HOUPT, M. D.

Editor MEDICAL WORLD:

As stated before through the columns of "THE MEDICAL WORLD," I am obliged to stand firmly by the *properly applied* post partum bandage. Falling in line with Dr. Farries, of New York, I will give as best I can, a description of the bandage I use, my mode of applying, and how long it should remain before changing and in use, also my reasons for its employment. The material should be merely a straight piece of twilled toweling or drilling. (I prefer the drilling). This should be sufficiently large to allow of its encircling completely the entire extent from upper border of infra-mammary region to the junction of middle with lower third of femur. The bandage should be placed under the patient without a wrinkle and brought to its proper place as stated above. After the bandage has been so placed, and before bringing its edges together, I place to the vulva a napkin moistened with equal portions of whiskey and tepid water; then placing the limbs close together, I bring the edges of the bandage together and insert every two inches or so a common pin, beginning at lower border of bandage to tighten, making it the most snug around the thighs and the pelvis; while above it should be only just snug enough

to fit nicely and prevent getting out of place. I never use a compress over the uterus unless there is a lack of contraction or tendency to hemorrhage, and then I use two common napkins, the under doubled to about two (2) inches square while the outer is made about three (3) or four (4) inches square. I usually visit my patients within six to eight hours after labor and change the bandage myself, the first time; and then I instruct how it should be done, and leave subsequent changing to the nurse, whom I direct to change it from once to twice daily, according as it may or may not be soiled. The bandage should be employed about ten days at least, usually until sitting up. I do not deem the soft parts so much benefitted by the post partum bandage, as are the cartilaginous and other structures which enter into the formation of the several joints of the pelvis. It is to support mainly these structures, and to retain them in their proper positions, and at perfect rest while nature does her work, that I employ the post partum bandage. In doing this we act only as "*an aid to nature*," and this I believe to be the true function of a physician.

West Union, Iowa. E. A. AINSWORTH, M. D.

Fornication Again Heard From.

Editor MEDICAL WORLD:

A very important problem is under discussion in your columns; to-wit: "Is it right to prescribe Fornication, or illicit sexual intercourse, that the physical condition of the advised may be improved?" This question, my brothers, involves the fundamental rock of social and moral progress; and these in their turn lead humanity up the rugged eminence, face to face with the natural imperfections of all races, to the coveted end where civilization will have attained its greatest natural possibilities.

Nature has given the human family no good thing that cannot be abused. Our most beneficent articles in the Materia Medica are, also, agents for the most potent harm. The lovely, fascinating, and essential waters softly flowing in their channels, charm our imaginative powers, strike a vibrating chord in the ideal powers of mind that brings a thrill of pleasure to the soul. But, when the rain falls, and its tributaries open their mouths, sending splashing torrents from the hillsides into its bosom, this calm, peaceful and beautiful river, which has charmed our very souls, and made us happy in contemplating it, rises in its fury, breaks over the parapet that has enclosed it, and comes seething and foaming over the plains; dealing death and devastation around it. There is no good thing without its opposite. The sexual appetites were given us for a noble purpose; the propagation of our species; and from experience our better nature tells us that love, natural affinity and conjugal union, are the conditions in which it should be satisfied. While we exercise it here without excess, nothing but satisfaction will result from it; and insomuch as this is so, we readily conclude that the happy plain that the sexual powers are wont to exercise their functions upon, bringing with them the greatest moral satisfaction, the greatest social good, and the best results to future progency, is found in conjugal union where harmonious affinity reigns. To the consummation of this, I would advise early marriages to the majority; not because it is always the best, but because it may suppress a tendency that would lead to worse results.

That this is not always possible, even with males as well as females, I am very conscious; considering the essentials to marriage in the light we have given them; but the great duty of the human family is to so act, that the greatest number may reach the greatest point of excellence attainable; even if some do fall by the wayside.

That a more wholesome state of health may be promoted, by a reasonable exercise of all the functions of the body, cannot be disputed; but at the same time we have verification of the fact, that the general health does not suffer even in total abstinence of the sexual function; as may be seen in some of our most charming girls; their lovableness and fascinating characacters depending upon their virtue. The less these organs are used, the less they impress the mind; the more we subdue them, the easier they are subdued; and *vice versa*, the more we use them, the more we want to use them, and the greater will be the effect upon the health under such conditions, in breaking off suddenly from the habit; for excesses are only habit. This brings us down to the masturbator. What will we do with him or her? What has he done, and why has he done it? Val. Rily, would say, "his sexual propensities predominated over his most exalted nature," and confesses he does not know what to do with him or her who has "excessive amativeness; but seems to intimate that "Cupid and Venus" should be turned loose in their lusts.

Amativeness, like many other faculties of the brain we could mention, when unbridled, will ruin the body and destroy the mind; subjugating its higher qualification and making the man a brute beast. It should be suppressed by will force. If it is not subordinate to the higher faculties, it may possibly be because the function has been used or cultivated to the neglect of the higher faculties; and should be suppres-

sed by turning the attention to a higher order of things. He should be made to understand the power and nature of his mind, and that it is a duty to himself, to society and the world, to suppress all amative inclination at improper seasons; and to satisfy them only in conjugal union. This should apply to the student as well as the farmer boy, the boy in work-shops, or anywhere else. Notwithstanding it might not appear to be best, yet it is better even if this should prevent his attaining to all he might have attained to—*ceteris paribus* than ruin his health, blunt all the finer qualities of mind, and become an imbecile. Mr. Editor, there are many things relating to this subject I would like to discuss, but I cannot ask for any more space, probably I have already gone beyond all reasonable claims.

Pulleys Mill, Ills. J. J. FLY, M. D.

"Prescribing Fornication."

Editor MEDICAL WORLD:

I rejoice to learn through your columns that the gentlemen of the medical profession uphold their high vocation, and stand up against those who are encouraging our young men to indulge in that pernicious and horrible vice, *fornication*. Everywhere we see the deplorable evidence of the wreck of mind and body, as a pursuance of the gross licentiousness and sensuality which is surging widely and wildly through all the subdivisions of human society. Physicians can not be too wary in giving admonitions to the young and tender-hearted who are entrusted to their care. Here is the field of usefulness, which a profound and observing medical scholar should contemplate; a field which is beyond that of his round of daily visits, which is perhaps beyond his exclusively professional life, one which regards his influence on the thinking,—the mode of thinking in civilized society. For proofs of the destructive effects of premature indulgence, we have but to look around us and gaze at that young man with a wan, dejected countenance, hands cold and moist, indicative of great physical exhaustion and degenerative tissue metamorphosis.

Precocity depends largely upon the surroundings, the associates, and the amount of trashy, sensational and passionate literature that is now so ardently read by the youths of our land. How important, therefore, it is for parents, teachers, guardians, clergymen, physicians, moralists and humanitarians to teach to the young the awful consequence of onanism and premature indulgence. It is a great mistake to presume that continence is detrimental either to the constitution of man or of woman. On the contrary, it is the abuse of the sexual organs that produces many of the serious "ills to which the flesh is heir," including phthisis, nervous complaints, and hosts of others. Thus may you aid in advancing a civilization, which hath the "law of the spirit of life" in it, and whose goal is to "be perfect, as our Father in heaven is perfect." J. W. MARSTELLER.

White Haven, Pa.

Fornication, Yea or Nay?

Editor MEDICAL WORLD:

I have advised both the married and unmarried to seek and they did find, in outside sexual intercourse, relief from distressing symptoms. No law can ever be passed saying "thou shalt" or "thou shalt not prescribe fornication," that will have more weight with the thinking *medical world*, than an edict for or against the use of opium, hashish, alcohol, or any drug whose improper indulgence has as sequelæ disastrous consequences. Fewer evils are laid at the door of venery *per se*, than we hear of as resultants of narcotics and liquors.

Why then should we condemn another, when good and wise he must have been, who said to his patient: "My friend you must disobey the Scripture injunction if you wish to retain your intellectual life."

Drugs are not all powerful. Let us try drugs first. If they fail shall we say to our patient, "Die rather than sin (?)." The act does not necessarily involve a venereal complication, neither is there to-day any necessity of violating the chastity of a virgin.

A physician prostitutes his professional judgment the moment he permits a prejudice to rule his advice; we are not called on for our opinion of ethical subjects.

If relief is at hand and you show not the way, you sin professionally. "He that knoweth to do good and doeth it not to him it is a sin." Individual judgment, not prehistoric dogmatism, should be the rule and guide of our advice. Conception seldom if ever follows advised coition, nor is malpractice or illegitimacy a usual result.

Let the physician observe the same care as is his custom in other matters, of seemingly less ethical moment; and peaceful dreams will reward him and his patient; and the at one time sufferer will not then have to answer for a hundred sins, each day committed, in lusting after women because he has no wife; or if his spouse is a sufferer from some uterine lesion.

Nantucket, Mass. DERNIER RESSORT.

[It is doubtless true that patients come to us for advice on matters physical, and not on questions of morality. Still, we cannot divest ourselves of moral responsibility in any capacity

we may assume, and our advice must be governed by our religious belief. While these cases are difficult, if we consider the ulterior effects to which our advice may lead, the difficulty becomes less. Relieving distressing symptoms is scarcely our whole duty.—ED.]

Involuntary Seminal Emissions.

Editor MEDICAL WORLD:

In response to your call for more light on the treatment of the above malady, I will endeavor in as brief a space as possible to lay down a synopsis of my plan of treating such cases. My main reliance is placed upon local applications to the prostatic portion of the urethra, by aid of the following means. I take a catheter (block tin) of the requisite size, usually 13 or 14 American scale, and bore numerous holes about $\frac{1}{16}$ of an inch in diameter, over all the surface of the curved portion of the instrument, at various intervals from the commencement of the curve nearly to the eye of the instrument. For this purpose I use a small drill; which will accomplish the object in a few minutes in so soft a material as tin. Having made a sufficient number of holes, the next duty is to ream out each one carefully and then polish thoroughly, and the instrument is ready for use. This is my own design of instrument and one which has served me every purpose thus far. Having thoroughly oiled the instrument (using carbolized oil) I now take a little Ung. hydrargyri nitratis upon my finger nail, and fill up every little opening in the instrument with this material, sometimes previously diluting the ointment if necessary with a few drops of oil. This I insert into the prostatic part of the urethra and let it remain from three to five minutes; then remove and let the patient go about his business; as it causes no suffering and only a slight smarting, which passes off in a few minutes. It is rarely necessary to make an application oftener than once a week. From six to twelve applications are sufficient to cure.

Nothing is more satisfactory than the good results which follow this mode of treatment. Oftentimes I have had patients come to me for treatment, who had been under treatment of good physicians for weeks and months; and yet were having from four to ten or more emissions weekly. By one application only, I have changed this deleterious state of things occurring to patients every night, to but one in a week, and this too has followed my first application. I merely referred to this as an example of the many cases in which I have seen such marked improvement follow, as a result of this plan of treatment.

In addition to this, I have the patient bathe the penis and scrotum for some minutes every morning in cold water, also have him wash thoroughly the glans penis daily, and train the fore skin to stay back over the same; which tends to do away with that morbid sensibility which exists in many of these cases, and often depends upon an elongation of the fore skin and accumulation of foul smegma beneath the same. In cases where anæmia is a marked feature, tinct. ferri chloridi is indicated, also nux vomica or strychnia as a stimulant and tonic. In case of relaxation of the genitals, with feeble erections and a paresis of the ejaculatory muscles, ergot is indicated. When plethora exists, the bromides are preferable. Sea bathing is to be recommended and the mind occupied with some pleasing avocation.

Cheheague, Maine. L. L. HALE, M.D.

Editor MEDICAL WORLD:

Dr. M. J. Newman, in the June number of the MEDICAL WORLD, desires treatment for one of his patients who is afflicted (?) with involuntary seminal emissions. First of all, he must quit masturbating. As long as the genital organs are kept in a state of excitement, emissions will occur. Gain your patient's confidence if you have not already done so. Inform him that emissions are physiological to a certain extent in healthy and continent men. Teach him to view his condition with indifference; and not brood over his troubles. If he shuns society, enjoin upon him the necessity of going into company; and especially that of chaste females. Divert his mind from the seat of his affection, and you will have accomplished wonders.

Masturbation is followed by hyperaesthesia and sub-acute or chronic inflammation of the prostatic urethra; and this tends to keep up the emissions unless removed. The genital organs too, having been in a constant state of irritation, hyperaemia is induced; and, as a result, increased functional activity, and an increase of the seminal fluid; and reflex emissions take place on the slight provocation; as for instance while watching the lower animals copulate; toying with females; viewing libidinous pictures; and perhaps while reading obscene literature. Many causes will perpetuate hyperaesthesia, and chronic inflammation of the prostatic urethra when once established; and the foremost of these are stricture, errotic ideas, toying with women, etc. As local exciting causes may be mentioned, phimosis, diseases of the anus and rectum; which must receive their appropriate treatment. Sedatives are *a priori* indicated. Aphrodisiacs must be avoided, also, cold sitz baths, so universally recommended for spermatorrhœa, but which increase the local

trouble. Stimulating food and drinks must be avoided. Alcoholic and malt liquors must be eschewed; also tea and coffee. The evening meal should be light and dry. Horse-back exercise and driving over rough roads are injurious. The bladder should be emptied before retiring for the night; and the patient must sleep on a hard bed, avoid lying on the back, using just enough covers (in cold weather) to keep comfortable; early rising must be the rule; and never tarry in bed when once awake. Thirty grains of potassium bromide three times a day is a capital sedative to the genital organs; producing also alkalinity of the urine, which scalds the urinary passages when acid. Hot sitz baths at a temperature from 90 to 110° (F), from fifteen to twenty minutes are very soothing.

After the inflammation has been subdued, cold to the genital organs becomes salutary; when we want to direct more blood to the parts. There is no single remedy so generally useful to allay chronic inflammation and hyperaesthesia of the urethra, as the steel bougie or sound. It should be gradually increased to the full capacity of the urethra. If the meatus is narrow, it must be dilated or divided, and a metallic bougie passed daily to prevent union, until healed. The steel bougie, passing it clear into the bladder, should be introduced every other day at first, and immediately withdrawn. After the sensibility has been somewhat obtunded, it should be passed daily and allowed to remain from two to five minutes. When the urethra is so sensitive, that the introduction of the sound causes severe pain, I would recommend an injection of 4 per cent. solution of cocaine; or oil the bougie with 5 per cent. oleate of cocaine. I will say too that I used cocaine as a urethral anaesthetic, before I saw it recommended for that purpose. Or, an injection of Goulard's extract one drachm to water ten ounces, three times daily, until the senitiveness is partly overcome, may be used before passing bougie. Atropia, grain $\frac{1}{60}$ at bed time is a valuable adjunct to the treatment.

"Atropia diminishes the reflex mobility of the genito-spinal centre, paralyzes the movements of the cells of the acinous glands, and checks their secretion: so that it can't be dispensed with." [Gross].

If we have to deal with true spermatorrhœa, (semen passing in the act of micturition and while at stool), as evinced by the microscope, ergot in half to drachm doses is very beneficial, from its tonic effect on the orifices of the ejaculatory ducts and seminal vesicles; and by its physiological effect on the sphincter vesicae.

Subcutaneous injection of ergotine about the dorsalis penis vein, when dilated, as recommended by Prof. Bartholow, in impotence, when that condition is present, seems to me highly useful. It causes a little smarting from ten to fifteen minutes, leaves the organ sore (salutary when masturbation can't be resisted), for a few days; and may constrict the veins so as to cause a temporary swelling of the penis by retarding the return flow of blood; but nothing serious. The object of the treatment thus far, has been to overcome the hyperaesthesia and chronic inflammation of the prostatic urethra.

Sometimes a small portion (spot) of the urethra will remain sensitive, after the above treatment has been carried out. For this condition the local application of nitrate of silver, 30 grs. to ounce, or tannin, 40 grains to the ounce of glycerine, applied with a syringe catheter, every two or three days is a good local astringent. After the hyperaesthesia and chronic inflammation have been subdued, the genito-spinal centre may still be too impressible, and emissions during coition too precipitate. Then the tonic treatment is needed to tone up the centre that presides over erections. Cold sitz baths, ice to the lumbar region, electricity, strychnia, damiana, tinct. ferri chloridi and quinine are useful.

After the patient has fully recovered and marriage is contemplated, moderation must be enjoined; or else by his excesses he will relapse into his former condition.

To sum up the treatment, bromide of potash, steel bougies, hot sitz bath, and atropia in stage of hyperaesthesia and chronic inflammation; the various tonics and aphrodisiacs after the inflammation has been overcome.

Long Lake, Ill. JOHN HOLDERREAD, M. D.,

Lycopus Virginicus in Cholera Infantum.

Editor MEDICAL WORLD:

I see that several M. D.'s are clamoring for the superiority of their favorite diarrhœa, dysentery and cholera infantum remedies. In the June number, page 210, I gave my favorite; and I don't want it beaten by any other M. D.

Now, brothers, your aconite, colocynth, bromides, chloral, sinapism, &c., &c., are all fine in the fever or brain complications, but when you want an agreeable and efficient astringent for the intestinal canal, use it as described in June number, page 210. You may also use it as an injection into the lower bowels; especially when the stomach will not retain anything. In addition, feed your patient with all the fat mutton they will eat. J. T. COVENY.

Boone, Ia.

Read "Notice," page xxi. It's important.

Editor MEDICAL WORLD:

As the summer is growing hot, and diseases of the alimentary canal are making their appearance, as they usually do at this season of the year, I take this method of communicating with the contributors of THE MEDICAL WORLD, on the treatment of dysentery in children. I have consulted all of the best writers on dysentery, but I find nothing pertaining to the treatment of the disease, that gives me the satisfaction or the good results, that I would like to have. I have used the various preparations of opium, bismuth, tannin, acetate of lead, and all of the remedies that I could find recommended for dysentery; and in some of my cases they seemed to me to be utterly useless. I will be pleased to hear from the contributors, especially on the treatment of dysentery in children.

Pleasant Hope, Mo. J. L. M. HARALSON, M. D.

Editor MEDICAL WORLD:

In June number, page 252, Dr. J. H. Albert, requests treatment for diarrhœa and dysentery. I give mine:

℞ Morphia sulph..... grs xv
Chloroform.....
Alcohol.....
Fl. ext. cannabis Ind.....
Glycerini.....āā.. ʒ j
Acid hydrocyanic dil. ..... ♏ xv
M. S.—Chlorodyne. Dose five to twenty minims.

This, in my opinion, is the best formula for chlorodyne out of over twenty I had to select from. I have used it for over five years. Its advantages are: All the ingredients are common, and can be obtained in any town or city; of quality seldom inferior: it requires no art in mixing; does not separate, but makes a clear beautiful mixture.

I carry a drachm of this mixture in my pocket case. I seldom have to give more than three doses. I administer it in a little water and sugar. In some cases it may be necessary to give with the first dose, a dose of castor oil, syrup or tincture of rhubarb. Apply mustard leaves or turpentine to the abdomen. I will illustrate with my last case:

July 6th, 2 A. M.—Found the patient rolling in bed and groaning in agony, in a cold sweat. Diarrhœa and vomiting had been almost continuous since six o'clock in the evening; cause, bananas and ice water. Had been taking whiskey, blackberry brandy and peppermint, and applying cloths wet in hot water over abdomen. I ordered a large mustard plaster for abdomen, and administered twenty drops of the chlorodyne. In fifteen minutes I repeated the dose. In a half hour he reported that the pain had entirely left him. He went to work the next morning at seven o'clock, as usual.

I use the above preparation in a great number of cases; but please do not set me down as a routinist. I vary the co-operative treatment in almost every case. I should feel that I had made a mistake if any doctor should adopt the above formula and *strictly* adhere to it in *all* cases. I have had success with it always so far, but it does not follow that I always shall. I am prepared to make a change when it fails.

St. Paul, Minn. CHAS. H. HOUPT, M. D.

Treatment of Dysentery.

Editor MEDICAL WORLD:

In reply to request of Dr. Albert, I would say that during a severe epidemic of dysentery last fall the following prescription gave excellent results.

℞ Pulv. opii.....ʒ j
Pulv. gm. camphor.....ʒ iij
Pulv. plumbi acetate.....ʒ jss
M.—Put in 60 No. 2 capsules.
S.—One every hour or two hours. As soon as discharges are checked give bismuth sub nit. in 40 to 60 gr. doses every 3 or 4 hours; suspending capsules.

Viola, Wis. R. H. DELAP, M. D.

Double Fractures.

Editor MEDICAL WORLD:

In the last four months I have treated three cases of double fracture. Case 1, that of a boy 6 years old, who had both legs fractured; case 2, boy, æt. 14, both thighs and skull; and case 3, girl, æt. 12, both forearms; and I am now treating a case of single fracture of femur. It seems to me that this is a very good record for a country practitioner. I treat all cases of fracture of femur with the long straight splint, with good results.

Viola, Wis. R. H. DELAP, M. D.

[It is, indeed, a good record.]

Assistance Wanted.

Editor MEDICAL WORLD:

I write to ascertain your opinion, and that of any others who have ever had a similar case; and if you know of any thing likely to give relief, I will use it in the treatment of the following case. Mrs. A——, aged twenty-four years, has been a sufferer nearly her whole life; married five years; has one child, two and a half years old. She first noticed when thirteen years of age, a lameness in the small of her back; which became more general; but little more painful, until after her marriage. At this time it was difficult for her to attend to her house. She had treatment at different times until last March; when she came under my care. I ascertained that she had been confined to her bed for eleven months, with soreness of the back, which extended its entire length; and was most sensitive in the lower lumbar and upper dorsal

regions; with a soreness as of muscular rheumatism in the intervening space; with an occasional extension of the suffering up to the head. She was troubled with leucorrhœa persistently, but not severely. I detected no fever. She was very much emaciated. I placed her on sulph. iron gr. j doses, with tr. nux vom. drop doses before meals; also, corrosive chlorid. gr. ij, fl. ex. taraxacum ʒ ij, and cinnamon water, q. s. ad. ʒ viij. These two ℞. were used for about four weeks; with the result of bettering the appetite, and a gaining of flesh; with a more healthy color to her face. At my second visit I made a vaginal examination, which revealed a tender cervix; in which one lip had an enlargement in the tissues, which seemed as large as a hazel-nut. The ovaries were also tender. The treatment was varied in form, still using nux vomica and iron in some form; and the second ℞. replaced by others of the alteratives; as iodid. potash, and combinations with it; using some belladonna and aconite, with a liniment of chloroform, aconite, belladonna, and oils of juniper, cedar, origanum, etc., which seemed to alter but not entirely remove the pain from the back. Now, the pain is over the entire system; so that pressure of the weight of one hand on the flesh causes actual suffering. About three weeks since, I talked with a lady friend of the family, who said that at Mrs. A——'s eleventh year, she was troubled with leucorrhœa; which had been more or less persistent. At present writing, her uterus and ovaries are very tender, and a sore spot in the region of the spleen causes her as much as, or more suffering than the uterus and appendages; except at the menstrual epochs. Her digestion is not perfect, but permits her to eat a variety of food. She is still fairly well nourished, and is still not up to her normal amount of flesh. Can you, or any reader of your most estimable journal, give me treatment which will remove those pains from the general system, and also from the reproductive organs? I applied a fly blister two by six inches over the region of uterus and ovaries; and put her on treatment of salines for bowels and kidneys, and iron and hydrastis as alterative for uterus, etc.

Please let me hear as soon as convenient; and other opinions will be accepted at any time.

Lehigh, Iowa. D. F. BURTON, L.M., M.D.

[We leave this hard nut for our readers to crack, and will look with interest for their opinions.—ED.]

Editor MEDICAL WORLD:

Will some of your readers give their treatment of Dropsy? The type styled Anasarca has prevailed here, and generally with fatal results. The usual mode of treatment laid down in text books, along with constitutional remedies, has utterly failed, in numbers of cases. I have a case of an old man, seventy years old, lower extremities much swollen and tense, no ascites as yet, but hydrothorax to an alarming degree; producing excessive fits of coughing and dyspnœa.

Also, please give treatment of Prolapsus Uteri. Over half the colored women in our midst are suffering with some uterine trouble. Most of them are simple cases of Prolapsus. Have tried various pessaries, uterine supporters, astringent injections and internal treatment with but indifferent success. The MEDICAL WORLD is the best journal I take, just the thing for the busy practitioner.

Warsaw, La. C. M. GIBSON, M. D.

Editor MEDICAL WORLD:

Can any of the readers of THE MEDICAL WORLD give anything new in their experience, in regard to the causes and treatment of psoriasis. Have a case of seven years' standing, in which constitutional treatment, such as arsenic, cod-liver oil, etc., have proved unavailing. Local remedies, viz., chrysophanic acid, pyrogallic acid, oil of tar, etc., with but little effect. The disease commenced on the scalp, and extended over a greater portion of the body. Yours truly,

DRS. J. N. FIESTER & SON.

Newton Falls, Ohio.

Editor MEDICAL WORLD:

May I ask some of the "brother chips" to give a short article on the new local anaesthetic "cocaine"—the different preparations and the indications for each—dosage for internal use; and the strength of solutions for external application?

I am greatly pleased with the WORLD and think it a perfect "restaurant;" furnishing the finest food for thought to the medical man. Some of my confreres may better appreciate my use of the word restaurant, when the new derivation is stated to be, not as formerly supposed, from the French, but from the Latin; "res" a thing and "taurus" a bull;—is a *bully thing*. Yes the WORLD is truly a restaurant.

Wilcox, Arizona. B. F. HOLCOMBE, M. D.

Editor MEDICAL WORLD:

I have a female patient, aged sixteen months, who has paralysis of the left side of the face. What induced it I cannot tell. She had a fall from her bed; and had also a bad cold, before the trouble was discovered. The affected side of the face is cold, and motionless. The left eye is also immovable, and discharges a little straw colored pus. There were no marks dis-

covered on the head or face after the fall. Dentition is going on. I have used the battery on the spine and over the face; have applied counter irritants over the base of the brain and spine for 18 days (croton and cassia oils). I have exhibited drugs sparingly with no therapeutic effect. Will the Editor or some reader of the WORLD inform me through its columns what I shall do? Any recommendation will be thankfully received.

Deer Creek, Minn. Dr. L. Y. HERRICK.

[Facial paralysis arises from the use of forceps in delivery, from cold, slight blows and from cerebral tumors or disease of the ear. The fact that the eye is also palsied would indicate a cerebral lesion. This renders the prognosis very grave. We would suggest the administration of bichloride of mercury and iodide of potassium; with counter irritation to the nape of the neck with iodine; and very mild faradisation of the affected muscles.—ED.]

The Obstetrical Forceps.

Editor MEDICAL WORLD:

I would like to receive from as many of the readers of THE WORLD as possible, their answers by postal card, to the following questions:

1st. In what per cent. of obstetrical cases do you use the forceps?

2d. In what kind of cases do you use them?

3d. Do you ever use them when you believe the case would eventually terminate safely without their use?

4th. Do you believe that they are used too frequently?

The questions may be answered by number.

206 S. Main St.,
Binghamton, N. Y. } F. W. PUTNAM, M. D.

Determination of Sex.

Editor MEDICAL WORLD:

Whatever the law may be relating to this subject, it must be self-operating; that is automatically meeting the requirements of human existence.

If the theory is adopted that man has no life in and of himself, but is a receptacle of life, and in the act of procreation has no constructive consciousness, but is only the medium through blind passion of transmitting that life to another individual, and also realize the obvious fact that the male furnishes a representative of a human soul, around which the mother builds a body, we shall have a foundation for a synthesis to make our facts valuable.

Whether the theory that the weaker one at the moment, imprints its own sex upon the offspring, to take the place most likely to be the first to be vacated, of course will require extended observation to either confirm or reject.

For twenty-five years I have inclined to this belief, and with an extended observation have become more fully persuaded of the correctness of the theory. In any hypothesis, however, how about twins, one of each sex begotten at a single embrace?

Mansfield, Mass. I. H. STEARNS, M. D.

[This theory would accord with the laws of evolution. Compare it with another article in this issue; and we will see how two persons' observations led them to directly opposite conclusions.—ED.]

Cocaine Locally.

Editor MEDICAL WORLD:

I submit my experience in the use of cocaine per urethra. I was treating a case of long standing gleet. Used one injection of nitrate of silver. Result: a violent urethritis extending to the bladder. There was constant disposition to urinate; great tenesmus, pain and discharge of blood. Two-thirds grain morphia and one-forty-eighth grain of atropia, twice a day hypodermically, was required. Even then the patient could not control the desire to urinate, above one hour. Quit the hypodermics; washed out the urethra and bladder with hot water twice a day. This gave some relief. Prescribed:

℞ Bismuth sub-nitrat.....ʒ iv
4 per cent. sol. muriat. cocaine:.....fʒ ij
Aqua rosæ.....
Aqua pura.....āā..fʒ ij
M. Sig.—Inject two teaspoonfuls at a time, after urinating.

Result: immediate. No chordee; little straining; blood ceased, pain subsided; in fact all the inflammatory symptoms rapidly gave way. Patient is not well, however, as the conditions giving rise to his gleet still remain, but the benefit from the cocaine was so decided that I entertain no question about its utility in similar conditions.

J. W. EXLINE, M. D.

Colorado Springs, Col.

What Was the Cause?

Editor MEDICAL WORLD:

A short time ago I was called to attend a lady in labor. When I arrived I learned the following from the husband. Mrs. C—— was well in the morning and slept some. In the evening while in the garden, she was taken suddenly and violently with labor; and was assisted into the house. In a short time the child was born and placenta expelled without assistance from any one. In a few moments she complained of a pain in stomach and of

"feeling strange;" coughed and spit up a little blood. Shortly after she was asked how she felt and replied in a half unconscious way that nothing hurt her, then expired immediately; long before I arrived and in an hour from the time she was first taken. The child drew only one or two breaths, and there was no more hemorrhage than usually. She was thirty-five years of age and had always been healthy; the mother of nine children previous to this one, and had always had short, easy labors with no difficulty whatever

In a practice of thirty years I have had no similar case. Will some reader please give his opinion of the cause of death?

North Brook, M. C. W. A. THOMPSON, M. D.

A Peculiar Freak. What causes it?

Editor MEDICAL WORLD:

I have been called twice in the last month to see a lady who was suffering with neuralgia of the stomach. Each time I gave morphine and spts. aeth. comp. for relief of pain, followed by Epsom salts, to cleanse the stomach and bowels, as the attack seemed to be caused by constipation and an over loaded stomach. On the second day after each attack every tooth in her head became loose—in fact so loose that they would almost fall out; after three or four days they got solid as they were before. What caused it?

Dunreith, Ind. C. G. B.

It.

Editor MEDICAL WORLD:

On page 140 of our WORLD, Drs. Wesselowski and Weidman seem to be up the stump to know what to do for "It."

We are glad to know that other communities as well as ourselves are blessed (?) with this curiosity "It." We have an abundance of the thing, and for a name have called him "It." We are well aware that it is a variety of eczema, but the variety. It is no respecter of persons, but is an associate of all classes of society, both male and female, alike rich and poor, high and low, and without respect to youth or old age. Taken all in all he is a very familiar sort of companion. "It" will grow fat on most of the so-called itch ointments and lotions. In my experience (and I have known "It" for about three years), nothing will knock his eye out so effectually as the following:

Direct your patient to take warm soft water, and make sufficient lather with Castile soap to cover the entire body or parts affected. Apply this and let it dry on before going to bed. In the morning bathe with tepid water, and then wipe dry with a harsh towel, and sponge the body with a mixture of chloroform one part, and absolute alcohol two parts. This in my hands has never failed in numerous cases, and usually effects a cure with three applications. This is somewhat severe, but more agreeable than "Its" caresses.

If there is a scientific name for this disease will somebody please name it, and they can have it. F. W. MCCANON, M.D.

Jewell, Iowa.

Question of Ethics.

Editor MEDICAL WORLD:

I live in a borough containing about 1200 souls; and have practiced here for over forty years. There are four other physicians in the town. A physician living about three miles out of the borough has a very troublesome case in the borough which he is attending. I was asked by the husband of the patient, with the consent of the physician, to come in and see the patient when she takes a spasm or sick spell; but not to be called in consultation, or to have any control of the treatment except on such special occasions; and I peremptorily refused to take this position. Now I want to know if I have violated the ethics of the profession.

Should I submit to a call to see or attend a case under such circumstances? I asked the question pointedly, do you wish me to attend as a consulting physician? and the answer was no. "I want you merely to come in when the patient takes a bad turn." And the physician himself, who was present, wished me to take this position. I think it is an insult to the dignity of any physician to ask him to see a case under such circumstances. S. K.

[He should have called you in consultation first; or at least have called on you personally, stated his case, and requested you to attend the emergency as a professional courtesy: which you would not have refused.—Ed. WORLD.]

Dr. G. Schmidt's Case.

Editor MEDICAL WORLD:

In the July number of THE WORLD, Dr. G. Schmidt gives a case for diagnosis. His diagnosis, I think, is correct in calling it pyelitis. Any obstruction to the flow of urine at last gives rise to a condition known as pyonephrosis, with tympanites and hectic fever. Obstruction may occur in the pelvis of the kidney or in the urethra. Calculus may be the cause of the irritation, and the reason pus is not present at all times in the urine. Read up on pyelitis and find out the different causes. The liver must produce too much urea for the good

of the system. The prognosis is doubtful as to a permanent cure. For treatment try—

℞. Fl. ext. taraxaci.....ʒij
Elix. cal. et ferri cit.....
Aquæ.....āā..ʒj
Sodii iodid.....ʒiij M.
SIG.—ʒj after meals three times a day.

℞. Tr. iodinii comp.....
Aquæ.....āā..ʒss M.
SIG.—For external use, apply with camel's hair brush night and morning over the kidneys. Use hot poultices over the kidneys if in pain.

℞. Irisin.....gr.x
Div. in chart.....no.x
SIG.—One at bedtime in ʒij cold water. Take also ʒj phosphate soda dissolved in ʒss cold water in the morning.

Mill Village, N. H. DR. F. P. JONES.

A Pleasant Form of Giving Iron.

Editor MEDICAL WORLD:

Dear Sir: A sample copy of THE MEDICAL WORLD came to hand yesterday. It is the kind of a journal I have been looking for, and meets my approbation exactly. I regret that I have not known of its existence before this late date. I enclose to your address one dollar. Please put me on your regular list; and if convenient forward back numbers, so as to make the volume for the year complete.

In reply to subscriber "for a palatable and simple form for the administration of the tincture of the muriate of iron," I forward this ℞, which is an elegant one and completely disguises the iron. Children will take the medicine cheerfully.

℞ Tr. ferri chlor.....fʒ ij
Acid phosphor dil.....fʒ iij
Spts. limonis.....fʒ j
Syr. simplicis.....fʒ ijss
Glycerinii.....fʒ j
Aquæ ad.....fʒ vj
M. S.—One tablespoonful after each meal.

The glycerine will prevent the iron from causing constipation.

The Lafayette Mixture on page 219 from Druggist's Circular is entirely wrong. I call attention to this prescription as it is the finest I ever used for acid urine as well as for gonorrhœa. The ℞ should read,

℞ Balsam copaibæ.....
Spts. ætheris nitros.....āā ʒ j
Liq. potassae.....ʒ ij
Ext. glycyrrhizæ.....ʒ ss
M. et ad.
Ol gaultheriæ.....gtt xx
Syr. acaciæ ad.....ʒ vj
M. S.—Tablespoonful after each meal.

H. JNO. TILLOTSON, M. D.
Sedan, Chautauqua Co., Kansas.

Read the Advertisements in this journal.

Constipation.

Editor MEDICAL WORLD:

Among your prescriptions for constipation, I notice nothing that pleases me so well as a pill I have used for more than ten years. It is as follows, viz.: (Not original.)

℞. Podophyllin.....
Ext. belladonnæ.....āā..gr. ¼
M. ft. pil. no.....j
SIG.—To be taken every night on going to bed, if the bowels have not been opened that day.

Where the constipation is owing to torpor of the liver, this is a sure remedy. When the trouble originates in the bowels I give—

℞. Tr. aloes et myrrh.....
Fl. ext. cas. sagd.....
Syrupi.....āā..fʒj M.
SIG.—One teaspoonful three times a day before meals, and diminish the dose as occasion requires.

I know this to be a most effectual remedy; after years of experience.

Strasburg, Pa. S. KENEAGY, M. D.

What Was It?

Editor MEDICAL WORLD.

If you will allow me space, I would like to report a case which occurred in my practice, some three years ago, and ask an opinion from the readers of the WORLD as to the nature of the disease. As a matter of course, I made a diagnosis of the case at the time, but withhold it. The following is the case as I have it recorded in my journal:—

JULY 13, 1883.

I was called to see Mr. Geo. B——, a farmer, aged 59. Arriving at the house of my patient, I elicited the information that he had been feeling well, and attending to some duties pertaining to the farm until about 3 P. M.; when he was suddenly seized with a pain in the region of the sternum, extending across the right side of the chest. Found pulse 70; temperature 97; percussion detected slight dullness of middle lobe of the right lung. Patient said it gave him no pain on inspiration, but the pain in the region mentioned was the most agonizing it has ever been my lot to witness. After making him as comfortable as I could, I left him until the next morning.

July 14th, 5 A. M.—Found patient suffering pain, as on my first visit. Examination revealed dullness over a large portion of right lung, and mucous râles in right bronchus; pulse 80; temperature 96. Both heart sounds audible and distinct.

12 M. Called to see patient again. As I entered the room he was attacked by a severe paroxysm of coughing and expectorated an ounce of blood, a part of which was bright

red, the rest being in a state of coagulation. Pulse 90; temperature 95½.

6.30 P. M. Pulse and temperature same as at noon. Had expectorated blood several times during the afternoon.

July 15, 8 A. M. Percussion showed only slight dullness in affected lung; bronchial tubes clear. By auscultation could not distinguish one heart sound from the other. It reminded one of a running water-wheel. For the first time patient complained of pain in the region of the heart and about left shoulder. This was now the only pain present. Pulse 112; temperature 101.

7 P. M. Patient failing; symptoms same as in the morning.

July 16. Patient died at 4 A. M. Not being able to gain consent of family, no autopsy was held; therefore I cannot report post-mortem appearance.

Allow me to add that the patient had an attack of left sided hemiplegia some five years previously; from which he had recovered the use of his leg; the arm remaining lifeless.

Alba, Pa. C. SMITH, M. D.

A Peculiar Case.

Editor MEDICAL WORLD:

"Dr. Malins (Birm., M. Rev.) showed an iron hammer-head weighing five ounces, taken from the vagina of a girl aged fourteen years."—(*N. Y. Med. Abstract, June, '86.*)

In the summer of '82, a young lady, aged eighteen years, called upon me to remove something from the vagina, which she informed me had been placed there by a young man, under the following circumstances: She said that the young man had lived in her father's family for two years. One evening, during the absence of her parents, he attempted to have criminal intercourse with her, and during the struggle that followed, she wrenched his erect penis to such an extent, that he was compelled to seek relief at St. Luke's Hospital, where he remained for six months, under the care of Dr. Owen; at which time he was discharged, with the assurance that his penis would be of no service thereafter, not even "to plod around home with." Of course the young man was exasperated beyond control. He went to the residence of the young lady to again make his home there—she stated that she was ashamed to inform her parents of what had happened. The Sunday evening following his discharge from the hospital, the parents of the young lady went to Baums' Pavilion, to pass the evening, although she protested against being left alone. During their absence he broke into her bed-room, and forced something into her vagina, "to fix her as she had fixed him."

During the recital of this story the young lady kept up a profuse flow of tears. Upon examination I discerned—and removed—a cucumber pickle, which had slipped into the vaginal cul de sac. Upon measurement it was found to be three-fourths of an inch in diameter, and two and a half inches in length.

Under my advice, to speedily inform her parents, of such a shameful procedure, on the part of the aforesaid young man, she took her departure with eyes shedding rivers of tears.

A month later I was very credibly informed that the young lady *was not then living at home*, nor had she been living at home for more than a year previous. N. H. CHURCH, M.D.

Chicago, Illinois.

[Was the girl a masturbator, and the story concocted to cover her shame at being found out?—ED.]

"Law and Medicine"

is the title of the first article in No. 1, January, 1886. Will you permit a reflection or two from Texas:—

"A UNIFORM LAW

in all the States would be very desirable." Yes, next to *no law*.

"THE CODE CONSTITUTES A VALUABLE BULWARK."

Yes, of routinism, rutism and conservatism, the great obstructions to progress. The progress of medicine in this country is mainly to be attributed to the fact that its practice has been free.

FROM "OFFICIAL SUPERVISION

uniform throughout all the States, sufficiently stringent to establish and maintain the proper standard of education," good Lord, deliver us. It is strange, with the history of legislation and officialism open to inspection, people of ordinary intelligence should look to them for anything except to obstruct in the future, as they have in the past, *semper et ubique*.

ARE THE PEOPLE FOOLS?

Doctors, attend to your own business. If the people want to employ quacks and irregulars it is their privilege. The best way to deal with quackery is to let it alone. It grows and thrives on the opposition to it on the part of the regular profession. The people think (and they are not fools) and truly, that self-interest prompts the opposition. Sensible medical men owe quackery no such violent compliment as opposition. They do not notice, do not speak of it. There is more diplomaed than any other sort of quackery. The best way for the true doctor to convince the people of his superiority over the irregular, is not by standing on the

street corners and abusing him, and trying to write him *thief*, *rogue* and *sneak* in the medical journals, but by rendering better service. First-class medical men never talk about quacks. They have something better to do. *Verbum sat sapientibus.* TEXAS.

[It seems to us that no one need object to State examinations but those who have well-founded distrust of their own acquirements. Our columns are open, however, to those who disagree with us, as well as those who believe as we do.]

Sciatica.

Editor MEDICAL WORLD:

In May number I notice Dr. T. H. Lyons, of Martin, Ga., requests to help him out of his difficulty regarding his case of sciatica, which he has under treatment.

While this disease is one of the most troublesome affections which can be presented to the physician, it is also one which can stand an enormous amount of drugging without deriving the least benefit from any treatment.

A few months ago, I had the misfortune of being called in a case of sciatica. The patient was a young man, æt. 26, of rather delicate constitution (strumous diathesis). In his hours of agonizing pain almost every known form of treatment was employed unsuccessfully, viz., hypodermic injections of morphine, large doses of quinine and arsenic, injections of chloroform, ether, atropine, internal administrations of iron, gelsemium, iodide of potassium, and God knows what else. Every old granny in his town had a lick at him, and he even was scorched with an iron heated to a white heat by an itinerant quack; but all had failed in producing any relief, with the exception of morphine, and this only produced ease while its effects lasted.

When sent for, and being made acquainted with all the treatments which he had undergone, I decided at once upon the operation of nerve stretching.

I stretched the nerve with sufficient force to lift the lower half of the body from the table, by means of grasping the nerve and lifting. I then replaced the nerve in its proper position, and sewed the wound up and applied carbolic acid dressings.

For a few days the patient suffered considerable pain, but it grew less and less, and he became comparatively comfortable. The wound was six weeks in healing. During this time the pain was mostly in the patella, radiating down the foot, but was comfortably borne. Gradually the pain left him, and he has now returned to work greatly benefited, having no pain whatever. If Dr. Lyons will follow this direction, he may meet with the same success. Report, doctor. WM. H. OLSTEN, M. D.

Ephraim, San Pete Co., Utah.

Editor MEDICAL WORLD:

I have just received a copy of the WORLD, and cannot help it—have to subscribe for it. Please find $1.00 enclosed. I wish to have all the back numbers from January, 1886.

Dr. McCoy inquires about a formulæ for dropsy pills, put up by Dr. Green, of Atlanta, Ga. He says they are large pills. They must be made from extract of Sourwood, a tree native to Georgia. The medical properties of Oxydendron or Sourwood, were made known four or five years ago, by a doctor in Georgia, (do not remember his name); as a patent remedy for dropsy. I have used it in numerous cases, with very good results. It appears to be most potent in dropsy after scarlatina, and as a sequel of any eruptive fever, where there is albumen in the urine. I have also tried it in a limited number of cases of Bright's disease. It relieves œdema of the legs, and ascites; but the good effects are transient.

The extract is given in 5 to 10 gr. doses, four or five times a day, in pills. The preparation I have used is made by Lloyd & Bro.

Oxydendron deserves a trial in the above named diseases. I know of no single remedy which can take its place in their treatment.

Spring Grove, Minn. T. JENSON, M. D.

[Oxydendron arboreum, a small tree found from Pennsylvania to Louisiana.—Ed.]

Editor MEDICAL WORLD:

Since my note asking for treatment in gonorrhœal rheumatism, I have used a solution of hydrarg. bi-chloride, gr. 1 to the ounce, keeping a cloth wet surrounding the joint, and a piece of oiled silk over that, I believe with decided benefit. It is the first case I have seen where the malady attacked the wrist.

Internal treatment (salicylates and iodide potash), I believe of no account. Plenty of nourishment; milk, or mush and milk ad lib. San Francisco, Cal. C. B. HUTCHINS, M. D.

Editor MEDICAL WORLD:

Accompanied by my subscription I send you for examination a box containing a sample "*treatment*," sent out by an Indiana doctor. To-day I was called in to see a lady patient and was shown a box of these "*treatments*." She tells me she uses one of the suppositories every five days as directed and that every time according to their statements a cast or membrane is thrown off, one of which was thrown off this morning and which I send you also. The

Peculiarities in the Manufacture of

JENSEN'S CRYSTAL PEPSIN,

NATURE OF THE IMITATIONS, ETC.

The champion Pepsin of the world. The only Pepsin found worthy to be imitated. Even the wealthiest manufacturing chemists could not resist the temptation.

One party used glue as a cheapening adulterant for the production of scale Pepsin; another party has now succeeded in flooding the market with their imitations of my scale Pepsin owing to its extreme cheapness. This party now declares (not to the professon), that they use 60 pounds of dry egg albumen, peptonized by 200 hogs' stomachs; a third party wrap their imitations in an exact *fac-simile* of my circular making full use of all my testimonials. The great injury these imitations cause my preparations can easily be understood.

The protection chiefly relied upon is through the profession's vigilance in discriminating between the genuine and the spurious article. When prescribing my Pepsin most physicians now underline my name, thus JENSEN'S Crystal Pepsin, and no misconception can excuse substitutions. The great reputation of this Pepsin lies in that it is a Peptone Pepsin, *i. e.*, the texture of the stomachs in which the ferment is lodged is entirely dissolved, thereby obtaining all the Pepsin, when thereto is added my recent improvement in precipitating from this solution all of the earthy and saline matter, leaving only the azotized constituent, containing all the peptic principle; and, finally, is further concentrated by drying it upon glass plates until brittle scales are formed, the reason for its high digestive power can easily be understood. Why it surpasses also in keeping qualities all of the former Pepsins, is owing to its scaly and brittle texture, it being the only organic medicine in the materia medica produced for the market in scales. It is also perfectly soluble upon the tongue, pleasant to the taste and practically inodorous.

Although it commands a higher price than any other Pepsin in the market, it is, nevertheless, the most prescribed. Its purity and solubility, combined with its great digestive power upon albuminoids have inspired physicians of a suggestive minds to try it also as a solvent for diphtheritic membranes and coagulated blood in the bladder. The success also of these novel uses, has already become generally known to the profession all over the world. Physicians writing for samples, receive prompt returns.

Dr. Hollman (*Nederl. Weekbl.*, 18, p. 272) reports the case of an old man, aged 80 years, suffering from retention of urine, in whom the introduction of a catheter failed to produce the desired result. It was found that the bladder contained coagulated albuminoid masses mixed with blood. A few hours after the injection of about 16 grains of Dr. Jensen's Pepsin dissolved in water, a large amount of a dark, vicid, fetid fluid, readily escaped by the catheter.—*London Medical Record.*

Dr. Edwin Rosenthal, acting on the suggestion of Dr. L. Wolff, has used an acidulated concentrated solution of pepsin as an application to the membranes of diphtheritic patients, for which there seemed to be no other help than tracheotomy, and reports that it acted like a charm, dissolving the membranes, admitting a free aeration of the blood, and placing them soon on the road to convalescence. The solution he used was:

℞ Jensen's Pepsin.....ʒ j
Acidi Hydrochloric, C. P.....gtt xx
Aquæ q. s. ft.....fl ʒ j

M. S.—Apply copiously every hour with a throat-mop. —*From the Medical Bulletin.*

FORMULA FOR WINE OF PEPSIN:

℞ Carl Jensen's Pepsin.....gr 192
Sherry of port wine.....ʒ viss
Glycerin puris.....ʒ iss
Acid Tartaric.....gr v

Sig.—f ʒ j after meals. This is three grains of the pepsin in each teaspoonful.

For severe attacks of colic it has afforded present relief, after a few doses have been given in short intervals, when other remedies have failed.

CARL L. JENSEN,

Home Office, No. 2039 Green Street,

PHILADELPHIA.

KIDDER'S CRUST PEPSIN

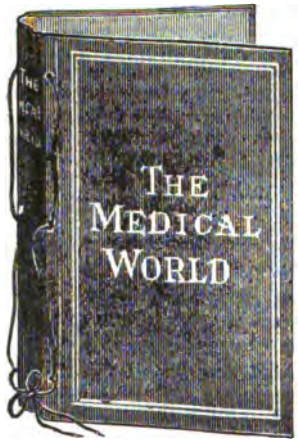
—(PURE.)—

This concentrated animal ferment, prepared by a new process, possesses superior digestive power, is unalterable, and guaranteed free from sugar of milk, salt, acids, or other adulterants.

One grain will dissolve 1200 to 1500 grains of coagulated egg albumen.

FOR SACCHARATED PEPSIN, U. S. P., 1880.
Powdered Crust Pepsin, 1 part. Powdered Sugar of Milk, 19 parts.

WM. F. KIDDER & CO.,
MANUFACTURING CHEMISTS,
NEW YORK.



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SIMPLE, SUBSTANTIAL AND COMPLETE.

We have at last contrived, and are able to supply to our readers, a binder that is substantial, convenient and at the same time inexpensive. It will hold one volume—twelve numbers. Each number may be added each month, as it comes, and at the end of the year you will find that you have a bound volume which you can add to your library. This insures against the scattering or loss of your journals. It is so simple that any one can use it. It needs no explanation.

It is made of strong cloth boards, rich dark brown in color, and is ornamental as well as useful.

We will undertake to supply this elegant binder to our subscribers for the very low price of **THIRTY CENTS.**

(A few "Ready Binders" left; ten cents each. See adv. in March number.)

Many have sent $1 for three "World" binders and one "Ready" binder, as $1 is convenient sum to transmit. Others have ordered a large number of both "World" and "Ready" binders, evidently using them for other magazines, because other binders equal to ours cost two or three times the price of ours.

Bear in mind that we can supply back numbers to January.

BINDERS CANNOT BE MAILED TO CANADA.

Address, THE MEDICAL WORLD,
1520 Chestnut Street, Philadelphia.

DR. LIEBREICH'S LANOLINE;

A NEW BASE FOR OINTMENTS AND SALVES.

U. S. Patent, No. 271,192. Dated, January 23d, 1883.

Beware of a crude woolfat of bad odor and of a dark color sold as Lanolin, and under similar names.

LUTZ & MOVIUS, Sole Agents,
15 Warren St., NEW YORK.

Dr. KNORR'S ANTIPYRINE,
The New Febrifuge.

URETHAN,
The New Hypnotic.

—SEND FOR CIRCULAR.—

patient has had uterine disease and its accompanying ills for a long time; and was induced by some of her lady friends to try this "*Orange Blossom*" as a remedy. She says she is much better in some respects, but has weakened considerably since she has been using it. Several other ladies in this county are using it, and all so far as I know with the same result, as far as the exfoliation of the membranous cast of the uterus is concerned. They obtain the suppositories from a woman here, who acts as agent for the party sending it out.

Please tell us in the WORLD what they are composed of, and what you think of their use. An immediate reply is desired.

[The mass contains alum and extract of belladonna, mixed with flour paste, a little oil and probably glycerin. Its action is probably mechanical; with a little credit to be given the novelty.—Ed.]

Editor MEDICAL WORLD:

Dr. McCoy will find by examination Dr. H. H. Green's dropsy medicine is principally salts with a placebo of confection of senna. He will also find in dropsy depending on liver trouble it will remove the fluids fast. I do not or cannot account for it unless the Epsom salts agree with the stomach as well; the senna can have but little effect.

Linden, Wis. T. HAWKINS STULL.

P. S.—Your journal is good.

Editor MEDICAL WORLD:

Would you or some of the brotherhood let me know through the WORLD, what kind of treatment they would use for enlargement of the lymph-glands? I have a case in hand, the man is dark complexioned, weighs 128 pounds, is married; the swelling commenced two years ago and measures 15 inches around the neck. HARTUNG, M. D.

Pittsburg, Pa.

[Get the best extract of phytolacca to be had. If a solid extract, dilute it with lanolin or lard, to a semi-solid consistence. Apply this to the skin over the enlarged glands; rubbing well in once every day. If you cannot get a good solid extract, use the fluid extract, evaporated to the consistency of tar; mix with lanolin and apply as above. Internally give iodide of iron and cod liver oil with lime.—Ed.]

THE binders seem to give universal satisfaction. Where else can one be found which answers the purpose so well, and at so low a price as 30 cents?

A number of interesting communications are crowded out, but will appear in next issue.

Quiz Column.

Questions are solicited for this Column. Communications not accompanied by the proper name and address of the writer (not necessarily for publication), will not be noticed.

Editor MEDICAL WORLD:

I would like to ask through your columns for the most palatable and effective prescription of the oil of phosphorus, and of the tinct. (Thompson's sol.) giving $\frac{1}{60}$ of a grain to a dose.

Freehold, N. Y. C. D. JENNINGS.

Editor MEDICAL WORLD:

What will be the cost of having a nostrum analyzed by a competent chemist? It is an opium cure, which seems to possess some real virtue, but which is very expensive.

Spartansburg, S. C. J. NOTT MOORE.

[Dr. L. Greenbaum, N. W. Cor. 10th and Arch Sts., Phila., will analyze the preparation for you. Write to him for terms. You will probably find morphia in it, if you apply the usual tests. Nitric acid colors it red, changing to yellow.—Ed.]

Editor MEDICAL WORLD:

Please give the formula for Ely's Cream Balm. [Its composition is as follows.—Ed.]:

Thymol	gr. iij
Bismuth sub. carb	gr. xv
Ol. gaultheriæ	♏ ij
Vaseline	ʒ j

M.

Editor MEDICAL WORLD:

Can you give the formula for Chamberlain's Colic, Cholera and Diarrhœa remedy?

[Chamberlain's relief is composed as follows.—Ed.]:

℞

Tinct. capsici	fl ʒ xx
Tinct. camphoræ	fl ʒ xvj
Tinct. guaiaci,	fl ʒ xij

M.

Editor MEDICAL WORLD:

Can you give the formula for gargling oil in your next issue? The help which your journal affords can not well be dispensed with, by the seekers after light to keep abreast of the world.

Hopkinton, N. H. DR. G. H. POWERS.

Camphor	8 ounces av
Oil of amber	2 fl. ounces
Origanum oil	1 fl. ounce
Carbolic acid	4 ounces av
Oil of turpentine	3 pints
Crude petroleum oil	4 pints
Stronger water of ammonia	2 fl. ounces

Mix and dissolve.

This is somewhat like, but we think a much better preparation than Gargling Oil.—*Formulary.*

Formulæ for the following nostrums have been requested.

Wolcott's Pain Paint.

Smith's Fever and Ague Tonic.

Teutonia Aromatischer; von Rudolph Melker.

Moxie Nerve Food.

FORMULÆ.

(NEW YORK CITY HOSPITALS.)

Pil. Aloes Ferri et Taraxaci.

℞ Pulv. aloes	℥	i
Ferri sulphat	℥	2
Ext. taraxaci	q.	s.

Mix.—Divide into 60 pills.

Pilulæ Aperientes.

℞ Ext. aloes	gr.	20
Pulv. rhei	gr.	10
Ext. nucis vom	gr.	5
Ext. taraxaci	gr.	30

Mix.—Divide into 20 pills. (*Dr. Lusk.*)

Pilulæ Podophylli Co.

℞ Res. podophylli	gr.	24
Gambogiæ	℥	i
Pulv. aloes	ʒ	½
Hydrarg. chlor. mit	℥	2
Pulv. zingiber		
Pulv. capsici	āā ℥	2
Ext. taraxaci	q.	s.

Mix.—Divide into 240 pills. (*Dr. Janeway.*)

Pilulæ Ferri et Quin Co.

℞ Ferri sulphat		
Quiniæ sulphat		
Pulv. aloes	āā gr.	20
Ext. nucis vom	gr.	5
Ext. gentian	q.	s.

Mix.—Divide into 20 pills.

Pilulæ Quiniæ et Ferri.

℞ Quiniæ sulphat	grs.	40
Ferri sulphat	grs.	20
Extr. nucis vom	grs.	5

Mix.—Divide into 20 pills.

Pilula Triplex.

℞ Pilul. hydrarg		
Resin. scammonii		
Pulv. aloes	āā grs.	20
Olei carui	q.	s.

Mix.—Divide into 20 pills.

Segur's Pills.

℞ Pulv. aloes	grs.	60
Ext. colocynth. co	grs.	30
Ext. hyoscyami	grs.	30
Ext. nucis vom	grs.	15

Mix.—Divide into 60 pills.

"Vegetable Cathartic Pills."

℞ Extr. colocynth. co	gr.	36
Resin. podophylli	gr.	9
Resin. leptandræ	gr.	3
Pulv. jalapæ	gr.	6
Pulv. aloes soc	gr.	12
Extr. hyoscyam	gr.	6
Olei menthæ pip	gtt.	5

Mix.—Divide into 24 pills.

Walker's Pills.

℞ Ext. nucis vom		
Ext. belladonn	āā gr.	5
Ferri sulph. exsicc		
Ext. aloes	āā gr.	10

Mix.—Divide into 20 pills.

Pulvis Quiniæ Co.

(CLARK'S POWDER.)

℞ Quiniæ sulphat	gr.	10
Pulv. capsici	gr.	3
Pulv. opii	gr.	1

Mix. (*Dr. Alonzo Clark.*)

Pulvis Glycyrrhizæ Co.

℞ Pulv. sennæ	part.	2
Pulv. glycyrrh. rad	part.	2
Pulv. fœniculi	part.	1
Sulphuris loti	part.	1
Pulv. sacchari	part.	6

Mix.—Dose 30 to 60 grs.

Ung. Acidi Chrysophanici.

℞ Acidi chrysophanici	gr.	20
Oleo-Paraffini (vaseline)	gr.	190

Melt the vaseline on a water-bath, add the acid, stir and heat for about 10 minutes; then strain quickly through muslin into a capsule standing on ice, and stir briskly until cold.

Ung. Anti-hæmorrhoidale.

(PILE OINTMENT.)

℞ Ceræ flavæ	part.	8
Resinæ	part.	4
Adipis	part.	12
Ol. sassafras	part.	2

Melt the wax, resin and lard together; when the mixture shows signs of stiffening, add the oil of sassafras, and stir until cold.

Unguentum Ararobæ.

(GOA-OINTMENT.)

℞ Pulv. ararobæ (Goa-powder)	gr.	50 to 200
Oleo-Paraffini (vaseline)	gr.	500

Melt the vaseline on a water-bath, add the goa-powder, stir and heat for about 10 minutes; then strain quickly into a capsule standing on ice, and stir briskly until cold.

Liquor Chloroformi Co.

(P. SQUIRE'S FORMULA FOR "CHLORODYNE.")

R Chloroformi purif	fl	℥ 4
Ætheris fort	fl	℥ 1
Alcoholis fort	fl	℥ 4
Syrupi fusci	fl	℥ 4
Extr. glycyrrh. pulv		ʒ 2½
Morphiæ hydrochlorat	gr.	8
Ol. menthæ piper		♏ 16
Acidi hydrocyan. dil. (2%)	fl	ʒ 2
Syrupi	fl	ʒ 17½

Dissolve the morphia and oil of peppermint in the alcohol; mix the chloroform and ether with this solution. Mix the liquorice with the syrup and add the molasses. Shake these two mixtures well together; lastly add the hydrocyanic acid, and again shake well. Dose, 5 to 10 min. or 10 to 20 drops. Always shake the mixture before using.

REVIEWS.

A COMPENDIUM OF PHARMACY. By F. E. Stewart, M. D., Ph. G., Lecturer on Pharmacy, Medico-Chirurgical College, of Philadelphia, etc. P. Blakiston, Son & Co. Pp. 196. 12 mo. $1.

This volume forms the last of the series of Quiz Compends, issued by the above firm. Although designed primarily for the use of students, there is in this little book an abundance of useful material for the physician.

To the graduate of ten years ago the names of glycerites, abstracts, trituration, chartae, etc., have an unfamiliar appearance; and one, at least, savors strongly of our infinitesimal neighbors. They improve on acquaintance, however.

Indeed, after laying down Dr. Stewart's book, we can only regret that medical schools do not compel their students to acquire a respectable degree of proficiency in practical pharmacy. Such knowledge would be of incalculable advantage to them, even if they should never dispense their own drugs. The intelligent pharmacist must feel some contempt for the physician who orders incompatible mixtures, and who fails to utilize the more recent improvements in the art of the druggist.

It does not follow that a book is of little value because it is small in size. In the following list of monographs are some which contain the latest conclusions of the leaders of medical thought; others whose compilation has demanded much research. We have only space to notice the scholarly paper of Dr. McEwen on Protobiology. When so much that is badly written, or hastily prepared, comes to one's hands, it is a relief to meet with an essay whose well-turned sentences smacks of the days of Addison. Dr. McEwen authorizes us to say that he will send copies upon application to him, at 1107 Walnut St., Phila.

Club Foot. A. S. Roberts, M. D., Phila.

Bulletin of North Carolina Board of Health.

National Conference of State Boards of Health.

Lanolin, Benno Jaffé and Darmstaeder. Berlin.

Heredity and Education. E. A. Wood, Pittsburg.

Protobiology, J. W. McEwen, M. D., Philadelphia.

Memoir of Austin Flint. A. Jacobi, M. D., N. Y.

Tarnier's Forceps. Ellwood Wilson, M. D., Phila.

Proceedings of the Connecticut Medical Society, 1885.

Report of Inspection of Quarantine. John H. Rauch.

Transplantation of Eyes. C. H. May, M. D., N. Y.

Bulletin No. 1., School of Pharmacy. Purdue University.

Esthetics of Medicine. H. A. Cottell, M. D., Louisville.

Intra-Pulmonary Injections in Phthisis. J. B. White, M. D.

Spasmodic Stricture. Same author.

Scarlet Fever. T. G. Comstock, M. A., M. D., St. Louis.

The St. Louis Gynapod. Same author.

Medical Education, etc. Illinois State Board of Health.

Seventh Annual Report of the Illinois State Board of Health.

Pneumatic Therapeutics. Drs. Houghton & Jenson, Chicago.

Insidious Septicæmia. By Geo. J. Engelmann, M.D., St. Louis.

A new Departure in Uterine Therapeutics—The Dry Treatment. Same author.

Oxygen, &c., S. S. Wallian, A. M., M. D., Bloomingdale, N. Y.

Malarial Hæmaturia. R. H. Day, M. D., Baton Rouge, La.

Note Book for Abdominal Tumors. John Homans, M. D., Boston.

Ethics of Female Sterility. A. R. Jackson, A. M., M. D., Chicago.

The Genu-Pectoral Posture. H. F. Campbell, M. D., Augusta, Ga.

Limit of Contagious stage of Syphilis. F. N. Otis, M. D., N. Y.

Biniodide of Mercury in Obstetrics. E. P. Bernardy, M. D., Phila.

Surgical Cases. Mass. General Hospital. Drs. Bigelow, Hodge & Beach.

Relation of Bacteria to Puerperal Diseases. E. W. Cushing, M. D., Boston.

Perineal Lacerations During Labor. By Henry T. Byford, M. D., Chicago.

Report of a Case of Pelvic Abscess. Same author.

The Role of Bacteria in Parturition. By Henry O. Marcy, A. M., M. D., Boston.

The Climatic Treatment of Disease. Western North Carolina as a Health Resort. Same author.

Persons interested in any of these publications can apply to the authors for copies.

To the New York journals Dr. Corning has added a new monthly, devoted mainly to clinical work. Among the contributors are a number of the indefatigable workers who are now pushing New York to the front in medcal teaching. The new journal has our best wishes for its success.

But what shall we say of the Medical Missionary Record? We have the highest respect for that devoted body, numbering perhaps 100, and if their interests demand the founding of a special journal for their benefit, well and good. But we would rather see the funds used in the journal devoted more directly to the benefit of the missionaries.

While the field of medical journalism is certainly well filled, we can still welcome any worthy competitor. If the succeeding issues of PROGRESS keep up the high standard set by the opening number, Dr. Reynolds will not be long in winning a high place for his new monthly. There is not an article in the copy before us that is not well worthy of perusal.

The Alabama Medical and Surgical Journal also makes its first appearance. It's *raison d'etre* is the fact that until now the medical profession in this great and growing State had no home journal. That this is not due to any lack of capacity in the Alabama physicians is evidenced by the very creditable monthly before us. We are pleased to notice that the staff embraces a proofreader, in which some other journals would do well to follow its example.

Milk Analysis and Infant Feeding. By Arthur V. Meigs, M. D. P. Blakiston, Son & Co., Philada.

Dr. Meigs' book is the result of original investigation, and contains valuable information for any one who is interested in this important subject. It is well worth its price.

A recent and welcome addition to our exchange list is *Mind in Nature*, published by the Cosmic Publishing Co., 171 W. Washington St., Chicago. Monthly; $1 per year.

The Neurological Review, a new monthly, edited by Dr. J. S. Jewell, Chicago. The contents are of interest to the general physician, as well as the alienist. The ournal is well gotten up and we hope it will succeed.

The Annals of Hygiene appears as the organ of the Penna. State Board of Health. The contents include so much good matter that we must regret it is published in a journal whose circulation is so limited, as a first number must be. If merit be recognized, this is a fault which will soon be remedied.

The Student's Manual of Venereal Diseases. By Berkeley Hill and Arthur Cooper. P. Blakiston, Son & Co., Phila. 4th edition, revised. 12 mo. Pp. 132. Cloth $1.00.

An excellent manual, concise, clear and full. We have no words but those of commendation for this useful little book.

Analysis of the Urine. By Hofmann & Ultzmann. 2d edition. D. Appleton & Co., New York. Pp. 310. 8 vo. Price, $2.00.

This is a very complete and practical work on the subject. The additions by the American editors are of much value. We note with pleasure the preference given to the old and tried tests for albumen; heat and nitric acid.

Practical Notes on the Treatment of Skin Diseases. By George H. Rohe, M. D., Baltimore.

I. Cutaneous Glands. Pp. 61. 12 mo.

II. Eczema. Pp. 46. 12 mo. Price 25c. each.

These admirable little works show two things conclusively: First. They are written by a man who understands his subject. Second: The author is a teacher. Hence the clear, plain statement of facts in his books. Dr. Rohe's remarks on eczema of the breast in relation to the causation of cancer deserve consideration. They certainly emphasize the importance of attending to the eczema promptly.

Waring's Practical Therapeutics. 4th edition. P. Blakiston, Son & Co. Pp. 666. 8 vo. Cloth, $3.00. Sheep, $3.50.

The present edition has been carefully revised and brought up as nearly as possible to the present time. It is an old friend and we have long regarded it as one of the best works on the subject in the market. The alphabetical arrangement, the index of diseases and the brief practical notes render it exceedingly serviceable. We are sorry the author has omitted some matter contained in the earlier editions, which is not yet antiquated; and also such remedies as thallin, paraldehyde, theine, guaranine, &c. The book shows a lack of familiarity with late American works; the references to this side of the Atlantic being mainly from the least trustworthy of American works on therapeutics. An American edition of this book would be exceedingly valuable.

SPECIAL NOTICES.

Hydroleine is a household word.

Lithiated Hydrangea grows in favor daily.

Send ten cents for a big sample of Grainlet.

Barry's Thermometers are fast coming into general use.

Did you ever prescribe Farmville Lithia Water for a diuretic?

How well Listerine holds its place among all the new antiseptics.

Send thirty-five cents and get a sample ounce of Procter's celebrated Pepsin.

The Quichua Coca Co. want you to try their preparation just once in neuralgia.

Interesting pamphlets may be obtained by sending to J. & H. Berge, Electricians.

Hawley's Syringe for once shows that there *may* be something new and good as well.

If you wish to know how much benefit can be obtained from a digestive try Lactopeptine.

How suddenly Lactated Food has sprung into favor. Nothing wins success like deserving it.

You can't give pure cod liver oil in hot weather, but you can substitute Magee's Emulsion for it.

East Canaan, N. H.: THE MEDICAL WORLD is just what I want to take to the beach for reading.
E. M. TUCKER, M. D.

If you want to be up with the times, send twenty-five cents to E. P. Wallian for 3 papers on Oxygen.

Don't write for circular of Loefiund's Condensed Cream Emulsion. It will make you hungry to read it.

You cannot fully appreciate an Improved Elastic Truss unless you have worn one of the old style springs.

If you think all the good things come from the East get some of Lutz's goods and be undeceived at once.

Be sure to send for descriptive pamphlets and samples of all the above and mention THE MEDICAL WORLD.

Don't drive your patients to the wee pills by nasty doses, but get Gedney's Capsules to hide the drugs in.

Seabury & Johnson have won a high place in the estimation of the profession for the excellence of their products.

Dyspepsia hasn't an excuse for living, when Kidder's Pepsin will dissolve hundreds of times its weight of albumen.

The question is constantly asked: Where can Jensen obtain the materials for the fabulous amount of Pepsin he is selling.

When an article retains its popularity after fifty years use, like Planten's Capsules, no further recommendation is needed.

For twenty-five cents Beseler will send copy of "Oxygen as a Remedial Agent." Don't let quacks keep all the good things.

I like THE MEDICAL WORLD better than any other medical paper; it excels all in giving much information in a small space. C. W. BANKS.

Nothing has ever been placed before the profession by Reed & Carnrick which has not been found worthy of their confidence.

WARNER & CO.'S Soluble Coated Pills.

TO PHYSICIANS ONLY.

WM. R. WARNER & Co.'s experience of twenty-eight years affords perfection and excellence in Pill making. Their Pills have stood the test for over a quarter of a century, and are kept by all leading druggists. The following special formulæ are worthy of attention:

Pil. Permanganate of Potash.

(EACH CONTAINING TWO GRAINS.) (WARNER & CO.'S.)

The Medical Profession have recently had their attention called to the successful use of Permanganate of Potash as an emmenagogue, and we have so far succeeded as to present it in pill form without decomposition, as will be seen by the development of a dark red colored solution when the pill is first dissolved in water. In this way an advantage over all other methods of administering Permanganate of Potash is gained.

(WARNER & CO.'S.)

Pil. Antidyspeptic.

Containing

Pulv. Ipecac	⅔ gr.
Pulv. Piper Nig.	1½ gr.
Strychnine	1-20 gr.
Ext. Gentian.	1 gr.

The above combination is one of Dr. Fothergill's recipes for indigestion, and has been found very serviceable. In some forms of dyspepsia it may be necessary to give a few doses, say one pill three times a day, of Warner's Pil. Anti-constipation.

(WARNER & CO.'S.)

Pil. Lady Webster.

Lady Webster Dinner Pills. This is an excellent combination, officinally designated as Aloes and Mastich, U. S. P. We take very great pleasure in asking physicians to prescribe them more liberally, as they are very excellent as an aperient for persons of full habit or gouty tendency when given in doses of one pill after dinner.

(WARNER & CO.'S.)

Pil. Ferri Iodide.

(ONE GRAIN IN EACH.)

The dose of Iodide Iron Pills is from ONE to TWO at meal-times, is recommended and successfully used in the treatment of

Pulmonary Phthisis or Consumption. Anæmia and Chlorosis.
Caries and Scrofulous Abscesses. Loss of Appetite, Dyspepsia, etc.

In cases where Iodide of Iron is prescribed, it is absolutely necessary for the physician who relies on the therapeutic action for beneficial results, that the compound should be perfectly protected, and so prepared as to remain inalterable.

With this important fact in view, we have devoted special study to Iodide of Iron in pilular form, and are warranted in announcing that WARNER & CO.'S IODIDE OF IRON PILLS meet all requirements, being the most perfect preparation of the kind.

WM. R. WARNER & CO.,

Manufacturing Chemists,

PHILADELPHIA. NEW YORK. LONDON.

If Parke, Davis & Co. had done nothing more than give us Cascara they would still deserve a vote of thanks for that unrivaled laxative.

The Rio Chemical Co. certainly made a hit with Pinus Canadensis. This would lead us to give a trial to Celerina and Acid Mannate.

Snowden says his Iron Dyed Silk Ligature is good; and he has supplied the leading surgeons of America so long that he ought to know.

How far do you travel in a day? Get an Odometer (see adv.) and fasten it to your buggy. Then you will have a record of each day's travel.

THE MEDICAL WORLD: Please add to my order given you to-day another one of your MEDICAL WORLD Binders. Enclosed find thirty (30) cents for same.
Yours truly, H. D. CHAMPLIN.

Messrs. Wiley & Harris:—I have used your Malto-Cocoa, and take pleasure in recommending it to my patients as a nutritive and palatable beverage.
Yours truly, DR. S. LEAVITT.

Cherry Malt Phosphites, a full bottle free, except express charges. Worth while to send for it to see what a delicious thing you can order for your patients.

Emerson's Albumenoid Food is the latest thing out. Send for sample and circular to Emerson M'T'g Co. (See adv.), and give your opinion of the WORLD at the same time.

C. N. CRITTENTON, 115 Fulton St., N. Y., will send samples of medicated soaps (see adv.) to physicians who inclose professional card and mention THE MEDICAL WORLD.

Fears are expressed that there will be a rise in the market price of the fine qualities of Bordeaux wine, on account of the quantity used in making Llewellyn's Vinum Tonicum Coca.

The old firm, B. Keith & Co., still retain their reputation as one of the most reliable manufacturing firms in the drug trade. If you can't get a reliable preparation, send to them.

None of the new preparations have ever succeeded in pushing Scott's Emulsion out of sight. The reason is that the firm made a good article at first and are too proud of their reputation to let the quality down.

Samples of the following specialties can be had by writing and mentioning the WORLD: Ominico, the new disinfectant which is taking so well; Babysup, the new improvement in infant food; Cocabola, the *best* way to prescribe coca.

THE MEDICAL WORLD: Enclosed find sixty (60) cents in stamps. Please send me two more of the MEDICAL WORLD Binders, *they are the best thing of their kind I have ever seen.* Yours truly,
Cleveland, O. H. D. CHAMPLIN.

Catalogues will be furnished on application to Waiet & Bartlett, (electrical appliances); Otto Flemming, (electrical appliances); S. S. Staufer, (supporters); C. H. Black Man'f'g Co., (carriages); Western Suppository Co., (gelatin goods); Electro-Medical Battery Co.

Dr. C. D. Jennings, Freehold, N. Y., writes: "Allow me to say by way of compliment that I am in love with the WORLD. I take several medical periodicals some of which I pay as high as five dollars per year for, but I derive the most practical benefit from the WORLD.

PROF. DA COSTA claims certain advantages for bromide of nickel in epilepsy. Messrs. Wm. R. Warner & Co., make pills of this substance in conformity with Dr. Da Costa's recommendations. Each pill contains 2½ grs.

The following conversation is reported as having been overheard:

"Doc, do you know that Poland Water is the only thing fit to drink in hot weather?"

"Chestnut! Tell us something new."

Dr. J. Wesselowski of Little River, Kansas, writes: "I am not advertising Dr. Hayden's Compound, but must say that I have tried it in a good many cases of dysmenorrhœa with good success. Send to N. Y. Pharmaceutical Co., Bedford Springs, Mass., and you will receive a book giving plain directions how to use the remedy."

Notwithstanding the hot weather we are happy in feeling that, like ourselves, many of our readers are luxuriating in Weston & Wells' wire mattresses and pillows. How a pillow can be so soft, and yet so cool, is a thing no one can tell till they try it. See adv. on page 12. When you write for their circular tell them what you think of the WORLD.

Descriptive circulars will be sent on writing to Smith & Shaw (whose Pocket Batteries are good and cheap)" Pomeroy Truss Co. (whose elastic stockings "master; varix); Farrell & Rhines (whose Gluten Flour is good); Goodyear Rubber Co. (the Ladies' Syringe is their latest); Molesworth & Co. (how the women buy their syringes); Lutz & Movius (lanolin, urethan and antipyrin).

Medication with *Genuine Rabuteau's Iron* is the most rational known in therapeutics, and to be convinced of it a trial will suffice. The treatment with them is very economical, requiring an insignificant expense daily. *Genuine Rabuteau's Iron Dragees* will be sent free by mail, to any physician, desirous of experimenting and comparing them with other ferruginous preparations. Address, E. Fougera & Co., 30 N. William St., N. Y.

MALTINE with cascara sagrada is a new and useful combination prepared by the Maltine Manufacturing Co., 182 Fulton St., New York. The value of cascara for constipation and attendant evils, such as dyspepsia, etc., is universally recognized; this, together with the strengthening and invigorating action of that very superior preparation, Maltine, will be of great value in a very large class of cases. The manufacturers generously offer to send for trial, *one pound* of this preparation to any physician who will pay expressage.

WE acknowledge receipt of a case of Reed & Carnrick's preparations. The charming taste of Liquid Peptonoids with Coca is enough to fascinate the physician and patient. As a tonic and builder, it is all that its name indicates. Carnrick's Soluble Food is composed of wheat, the starch of which has been changed into dextrine; and the solid constituents of milk, the caseine of which has been pancreatized. Thus it contains both the force forming and the tissue forming constituents, all in a soluble (digested) condition. Can a food be more perfect? Samples free to physicians willing to pay expressage.

It will pay you to reply to all of the above, and keep posted in all that is being done to aid you in your practice. Get plenty of letter paper or postal cards, and you can make them bring to you many times their cost in valuable information, etc. Always state what you think of THE MEDICAL WORLD. *Advertisers would like to know.*

THE MEDICAL WORLD.

The knowledge that a man can use is the only real knowledge; the only knowledge that has life and growth in it and converts itself into practical power. The rest hangs like dust about the brain, or dries like raindrops off the stones.—FROUDE.

The Medical World.

Subscription to any part of the United States and Canada, ONE DOLLAR per year. To England and the British Colonies FIVE SHILLINGS per year. Postage free.
These rates must be paid *invariably in advance.*

Notice is given on the wrapper when your subscription expires. You are invited to renew promptly, when this notice is given. This is necessary if you wish to continue to receive THE WORLD, as it is sent only as long as paid for.

We cannot always supply back numbers. Should a number fail to reach a subscriber, we will supply another, if notified before the end of the month.

☞ Pay no money to agents for this journal unless publisher's receipt is given.

C. F. TAYLOR, M. D., EDITOR AND PUBLISHER.

W. F. WAUGH, A. M., M. D.,
LOUIS LEWIS, M. D., M. R. C. S. (ENG.), } ASSOCIATE EDITORS

ADDRESS ALL COMMUNICATIONS TO
"THE MEDICAL WORLD,"
1520 Chestnut Street,
PHILADELPHIA, PA.

VOL. IV SEPTEMBER, 1886. No. 9.

Exchanges will please notice that our address is 1520 Chestnut St., *not* 401 South Eighth St., as formerly.

THE wide-spread interest manifested in the inquiries recently set on foot through THE WORLD, impels us to ask the co-operation of our readers in a similar investigation.

We recently advanced the proposition that *complete* recovery after a severe attack of typhoid fever was by no means universal; for years after the attack people will tell us that they have never been the same as before it occurred.

Attention was particularly directed to changes in the mental condition, or in the disposition, which sometimes occur after typhoid fever.

A curious case of this sort is related in the present issue of THE WORLD. While few instances of such sequelae have come under our direct observation, we are led to infer from inquiries among physicians, that they are more frequent than is generally believed.

We ask our readers, if they feel an interest in this matter, to report to us on the following points:

1st. Is complete recovery the rule after your severe cases of typhoid fever?

2d. How long is it before your patients are perfectly restored to the health and vigor of mind and body which they enjoyed previous to their illness. We mean, how long is it before they are able to work as hard, stand exposure, hardships, etc., as well as they could formerly?

3d. Have you known any cases where marked change has been manifested in the mental state, or in the habits of the individual, after such an attack?

Investigations of this kind are peculiarly suitable to the family physician. Our friends whose practice is limited to the great hospitals and dispensaries rarely see their cases after their discharge from treatment. The specialist's sphere is also too limited for such work. The men who attend the same families for many years, who live with them, are those to whom we look for the solution of these most interesting problems. And how much these men could teach us on the complicated subject of heredity! Men whose experience reaches back more than half a century; who have attended one generation after another in the same families; what stores must they not have gathered of the knowledge which is not to be found in books! What a pity such men must die, and take their treasures with them! How much better we could spare *ten* specialists than one of them. Is it not their duty to leave to their successors all they can, by writing more than they do?

The field to which we desire to attract attention is comparatively unexplored. That it is a rich field may be inferred by the eagerness with which every excursion into it is welcomed by the profession and medical press.

Dr. Louis Lewis has removed from 1922 Mt. Vernon St., to 800 Corinthian avenue, Philadelphia.

If you notice the advertisement of our binder, you will see that we have substituted three short strings for the one long string, this arrangement being found more convenient. The price is now thirty-five cents each, or three for one dollar.

Advertisements of practices wanted and for sale on pages ii and iv of this journal, have become such an important feature, that it has been necessary to establish new rules. See notice at top of page ii. These advertisements, costing but a trifle, secure sales for which real estate agents would charge large commissions.

Yes, they all, or nearly all, do the same thing. That is, most all of our new subscribers order their subscription dated back to January, 1886, with a binder. We learned a thing or two last year by our back numbers being exhausted very early in the year. Our supply is ample thus far this year, however. The volume for 1886 may yet command a much higher price than one dollar.

The address of "Dr. M.," who inserted an advertisement of practice for sale last month, has been lost. A number of letters are here for him, which will be forwarded upon application, accompanied by about 20 cents postage for forwarding.

INDEX OF DISEASES.

In this index the diseases are taken alphabetically, and prescriptions embodying the latest and best treatment for each disease are given. The index will be continued from month to month until the catalogue of diseases is exhausted. Began in March number.—L. L.]

Diabetes Mellitus.

℞ Codeiæ ..... gr. viij
Calcii sulphidi ..... gr. iij
Liq. potas. arsenit ..... f℥ j
Syrupi ..... f℥ ij
Aq. dest. ad ..... f℥ ij
M. S.—One teaspoonful three times a day. L. L.

℞ Liq. potas. arsenit ..... ʒ ss
Glycerini ..... ʒ iij
Aq. dest. ad ..... ʒ iij
M. S.—One tablespoonful three times a day.

℞ Potas. permanganatis ..... gr. xxx
Kaolin ..... q. s. ut fiat pil. xxx
S.—One pill three times daily.

℞ Creasoti ..... ʒ j
Micæ panis ..... q. s. ut fiat pil. xxx
S.—One pill night and morning.

℞ Acid. phosphorici dil ..... f℥ ijss
Tinct. cinchon. co ..... f℥ ijss
Aq. dest. ad ..... f℥ viij
M. S.—One tablespoonful three times a day.

℞ Liq. ferri perchloridi ..... ʒ j
Acid. phosphorici dil ..... ʒ jss
Syr. limonis ..... ʒ ij
Aq. dest. ad ..... ʒ viij
M. S.—Two tablespoonfuls night and morning.

Lime-water freely, as a daily drink.

Avoidance of all starchy and saccharine foods.

Turkish and vapour baths, frequently.

℞ Pulv. glycyrrhizæ co ..... ʒ ss
S.—Take night and morning, in milk.

℞ Sodæ salicylatis ..... ʒ j
Glycerini ..... f℥ ij
Aq. destill. ad ..... f℥ viij
M. S.—Two tablespoonfuls three times a day.

℞ Potass. bromidi ..... ʒ ijss
Tinct. cinchonæ co ..... f℥ ij
M. S.—One teaspoonful in water, three times daily.

℞ Ferri sulph. exsiccatæ ..... gr. xxiv
Ext. belladonnæ ..... gr. ij
Ext. cannabis Indicæ ..... gr. iij
M. ft. mas. et in pil. no. xij, div.
S.—One pill three times daily.

An exclusive diet of skimmed milk has been recommended.

℞ Ext. ergotæ fl ..... f℥ j
Aq. dest ..... f℥ vj
M. S.—Two tablespoonfuls three times a day.

℞ Acid. nit. dil ..... ʒ j
Aq. dest ..... ℥ ij
M. S.—To be drunk in 24 hours.

Auri chloridi gr. $\frac{1}{20}$th in pill, thrice daily.

Buttermilk in large quantities as beverage.

Oxygen inhalations (?)

Ext. valerianæ gr. xv, thrice daily.

℞ Syr. calcii lacto-phosphat ..... f℥ jv
Liq. potas. arsenit ..... f℥ j
M. S.—A dessertspoonful after each meal.

Bethesda water (from Waukesha), is useful.

Cocaine injections (four per cent. solution) are highly useful in suppressing the pain of acute gonorrhœa, chordee, and "ardor urinæ;" in the introduction of the catheter and caustic injections; in the pain of blenorrhagia in the female (by means of a tampon impregnated with the solution); in examination of the bladder by means of the endoscope and bougie; and in the excision, cauterization and removal of condylomata and other products of syphilis.

The Current Medical Thought.

Forced Feeding in Phthisis.

The reports upon this method of obstructing the march of phthisis continue to be encouraging. It is not always necessary to use the stomach tube. Some patients will take the necessary amount of food by the ordinary method. The most highly concentrated form of food should be used, with artificial digestants. Lean dried beef, powdered and with pepsin added in sufficient amount, will answer. Condensed milk without sugar is another useful article. No one who has seen how often lungs are found in dissecting, which show the scars of healed cavities, will despair of curing some of these cases. The system of over-feeding is in accord with modern ideas; *i. e.*, imparting strength to the constituents of the body to resist the onslaught of the invading bacilli. Apropos, it is well to remember that Anstie, writing of neuralgia, recommended that victims of this disease should eat one-half more than non-neuralgics. This is only true of some neuralgics. Plethoric persons, with strong digestive power and good appetites, but of sedentary habits are apt to be neuralgics. A limited diet of fruit and vegetables suits such persons best.

"Spiritual" Senses.

The senses of sight and hearing appear to emanate from the mind, and to be more spiritual than the other senses. In touch, taste and smell, we are made sensible by an impression; as that made upon the hand by a stone, upon the palate by an apple, and upon the nostrils by a rose. But we are not actually sensible of the impression made upon the eye itself when we behold a tree, or upon the ear itself when we listen to music. Thus the difference in the manner of perceiving external objects differentiates hearing and seeing from the other senses, and distinguishes the former feelings from the latter. Every feeling, pleasurable or painful, must be in the mind; yet, because in tasting, touching and smelling, we are sensible of the impression made upon the organ, we are led to locate there also the pleasant or painful feeling caused by that impression, thus giving it a corporeal origin; but we assign a spiritual origin to hearing and seeing.

September brings the luscious yam,
The oyster routs the happy clam,
At half-past three I go home sick,
(At four the Phillies wield the stick.)
—*The Office Boy.*

Theine.

Dr. Mays has found this drug very useful in neuralgia, myalgia, and other painful affections. From one-half to two and one-half grains were injected at or near the pain-centre. It seems to exert its influence on the trunk of the nerve at the point of injection, and then to distribute itself downward along its course. Nothing occurred to show that it produced any systematic disturbance. It is very prompt in its action; relief ensuing within five minutes. The strictly local action gives it an immense advantage over other analgesics.*—*Therap. Gazette.*

Insomnia.

Sleep is a positive function, and not by any means a negative fact, as has been too often supposed. There is a notable difference between genuine sleep, properly so-called, and the artificial torpor obtained by the use of narcotics. From a physiological standpoint, every one should be able to command sleep at will; and habit has a great influence in this direction. Napoleon Bonaparte possessed this power to a remarkable degree, being able to sleep peacefully at any moment and under the most adverse conditions. And William Gladstone had the same faculty for many years: but of late he has complained of insomnia, due probably, in his case, to overwork and anxieties, which have ended by weakening his will-power, or at least there is some physical cause, which renders the working of cerebral nutrition less docile than formerly, to the orders of the nervous centre.

Be this as it may, it is a matter of regret that physicians as a rule do not attach sufficient importance to the fact, that "want of sleep" is in reality an exaggerated wakefulness, and it is necessary to investigate the cause of this condition, and to examine minutely the relative excitability of all the organs, central and peripheric. The sphygmograph, optometer, and other instruments here have their uses, and are indeed indispensable in order to arrive at a precise diagnosis. Then, and then only, can insomnia be treated by means appropriate to each case, and in a truly scientific manner; and success in these hitherto unsatisfactory conditions would generally repay the trouble involved in their more thorough investigation.

The itching accompaniment of many skin diseases (as in eczema, prurigo, urticaria, phthiriasis, etc.), is much relieved by a warm bath containing a handful of borax and a handful of bicarbonate of soda in about thirty gallons of water.

*Theine may be obtained from any wholesale druggist. Eisner & Mendelssohn quote Merck's at $1.75 per oz., and P. & W. at 25c. per drachm.

Hepatic Colic.	Gastralgia.
1. Not a nervous disease.	1. Purely a neurosis.
2. Attacks hearty eaters, of full habits.	2. Attacks the weak anæmic and nervous.
3 Women and men alike.	3. Males rarely affected.
4. In women, regardless of menstruation.	4. Usually at menstrual epoch.
5. Eating never relieves pain.	5. Often relieved by food.
6. Boring, tearing or burning pain.	6. Pain like constriction at pit of stomach.
7. No connection with disease of bladder, kidneys or female genitals.	7. Such connection frequent.
8 Tenderness over gall-bladder.	8. None.
9. Calculi sometimes felt by palpating.	9. Never.
10. Usually followed by jaundice.	10. Never.
11. Often followed by inflammation.	11 Never.
12. Very intense suffering.	12. Not so intense.
13. Gall-stones found in stools.	13. Never.

T. J. MILLER, in *Kansas City Med. Index.*

[It may be well to state that No. 2 is not always the case: and hepatic colic *may* occur at the monthly epochs.—ED.]

Curious Sequel of Typhoid Fever.

A young girl, residing in Pittsburgh, was noted above all her associates for her precocious intelligence. The severest tasks were easy to her; and at the age of twelve she stood at the head of a class whose age averaged sixteen. Then she had an attack of typhoid fever, long and severe, followed by a prolonged convalescence. So deeply was her nervous system impressed by the disease, that each subsequent year, at the corresponding season, she was confined to her bed for some weeks by an anomalous fever with typhoid symptoms. I may say here that these attacks grew lighter, until after the seventh they ceased. Finally she became erratic in one way, and one only. She developed a morbid desire to "shop." She was not a kleptomaniac. She never stole the value of a pin. But she purchased bills of goods and had them charged to absolute strangers, the Mayor, any one she happened to think of, telling some plausible story as to her connection with the persons named. She bought things she neither needed nor desired. One lot, costing $50, she gave away to acquaintances and strangers. A similar invoice she threw into a well. At last, with her own consent, she was sent to an asylum. Here, her remarkable gifts were quickly manifested. From the superintendent down, every one went to her for advice; and her judgment was invariably correct. For more than a year I had every opportunity of studying her case. In that time, by no word or action did she give the slightest indication of any tendency to insanity or dishonesty. I can say, emphatically, she was neither insane nor wicked. And at the end of that period I found myself as unable to give any reason for her peculiar conduct as at first. Perhaps, no better illustration can be given of the universal respect felt for this remarkable woman than the fact that during her residence in the hospital no person ever alluded in any way to the conduct which had brought her there.

Many cases of Bright's disease have a preparatory stage in which no albumen is to be found, and in which no one symptom, taken alone, is pathognomonic; yet, when judged collectively, the symptoms furnish important warning of uremic troubles in the near future. As nephritis and anasarca increase, so the albumen makes itself more manifest. On the other hand, in those forms of nephritis allied to arteria sclerosis, the morbid evolution may advance without either oedema or albumen. So that Bright's disease is not necessarily accompanied, at all events primarily, by the presence of albumen in the urine.

Purulent Ophthalmia.

In the treatment of all acute purulent inflammations of the conjunctiva it is important to note the fact that the element of contagion cannot be destroyed by anything which would not destroy at the same time the conjunctiva and the cornea. The great point to be gained is to sterilize and keep sterilized the surface fluids so as to prevent the growth and development of the cocci.

It has long been known that gonorrhœal pus possesses an acid reaction on contact with litmus. This fact suggests at once the nature of the sterilizing agents. Carefully observed and faithfully recorded experience shows that solutions of borax, the carbonate and the chloride of sodium, each, when used singly, or in various states of combination, prove efficient in the treatment of gonorrhœal ophthalmia, when used persistently from the first, and at short intervals.—*Progress.*

Lateral incisions of the vulva in primiparae serve to prevent rupture of the perineum, in the great majority of cases. If the incisions be deep, they should be sewn up after delivery has been completed; as otherwise they may leave the vaginal orifice as patulous as after a perineal rupture.

Hydronaphthol.

We desire to call the attention of our readers to this new antiseptic, as one destined to win a far higher place than most of the new compounds recently produced by the searchers in organic chemistry.

It is non-corrosive, non-poisonous and inodorous. Its antiseptic power is far greater than that of carbolic acid. It is not decomposed by the products of putrefaction. It is not volatile at ordinary temperatures. The vapor is not harmful when inhaled. It will not injure colors or fabrics.

It is soluble in 1000 times its weight in water; and this strength is sufficient to indefinitely preserve organic substances from decomposition; and yet has no injurious effect on living tissues.

It will not injure the edge of the surgeon's instruments. It is freely soluble in alcohol, ether, chloroform, glycerine, benzole, and the fixed oils. Mixed with absorbent powders, like fuller's earth, it can be dusted over wounds or dressings, like iodoform: a two per cent. mixture being strong enough.

Any of the ordinary substances used in dressing wounds may be soaked in its alcoholic solution and dried: the crystals of hydronaphthol adhering to the tissue of the dressing. It will be found of value in preserving milk, and other articles of food in hot weather, or on sea voyages. Fruit, coated with a solution in oil, may long be preserved for the use of invalids. Many other uses will suggest themselves.*

Tobacco Amaurosis.

A blacksmith, aged 32, complained of failure in vision, to such an extent that he could no longer see to drive nails in shoeing; and was compelled to depend on his sense of feeling. His health was good; he having no other complaint. Vision was found to be only one-sixth of what it should be. Things appeared to him to be covered with a dense mist. For many years he had been an excessive smoker; using the strongest tobacco to be had. Tobacco amaurosis is quite common; but usually in men beyond middle life. The prognosis is favorable, provided the habit be given up. This should be done gradually. In this case, a very few days' abstinence from tobacco caused an improvement in vision, and the man has now made material progress towards recovery. Chewing tobacco does not, in my experience, produce amaurosis.—*Dr. A. D. Williams in St. Louis Med. & Surg. Journal.*

*Hydronaphthol is at present imported only by Seabury & Johnson. The price is $1.50 per lb., or 20c. per oz., post paid.

Dr. E. J. Beall contributes an interesting paper on impetigo contagiosa to *Daniel's Texas Medical Journal.* He succeeded in finding the specific micro-coccus of the disease in the fluid contents of the blebs, as well as in the dried crusts. This disease is of special interest because it occasionally appears after vaccination; the impetigo micro-coccus invading the vaccine crusts, and the characteristic eruption occurring soon after the vaccination has been performed; to the great wrath of the parents, and the dismay of the physician.

Dr. Beall recommends the following treatment.

℞ Sulphuris sublim.
Hydrarg. ammon. āā ..... gr. xl
Zinci oxid ..... ℥ j
Ol. menth. pip ..... gtt. x
Lanolin ..... ℥ j
M.—ft. ung.
S.—Apply two or three times daily.

Test Your Castor Oil.

According to the *Druggists' Circular*, efforts are being made to push a cheap mineral oil as an adulterant to castor oil. The fraud may be detected by adding the oil to strong alcohol; which will dissolve pure castor oil, but not the other substance.

GERMAN papers call attention to a fact which might prove of interest also to American readers. Physicians and druggists, they say, are badly wanted in the East Indies, as their number there is exceedingly scarce, and the sick are many. A physician receives $5 for an ordinary visit and $7.50 and more for a consultation. Dentists charge $15 to $25 for filling a single tooth with common paste. Pharmacists who speak the English language receive from $75 to $200 as clerks, and if able to open up a business of their own, can surely count upon making a small fortune in a short time, as, in the absence of competition, there is really no limit to charges.

An Epidemic of Typhoid.

—The town of Waterford in Racine county, has a typhoid fever epidemic. Thirty-seven cases, with three deaths, are reported. A man named Barney Huening brought the disease from Milwaukee, and an eight-year-old sister soon came down with it, and subsequently the whole family of eight. It is alleged that the receptacles used by the family, were washed at the well used by the family, and that the water became contaminated thereby. The unusual spread of the disease, is attributed to the fact, that eighty or more children, who attended school on the opposite side of the street, drank of the water.

Carbolic Acid for Freckles.

Halkins (*Annal. Medico-Chirurg. de Liege*) reports good results in the removal of freckles by the application of carbolic acid. After bathing the skin, drying it completely, and stretching it with the left hand, he applies to the freckles a thin film of acid, which is allowed to dry. In a few days the spots are more noticeable, but in a week a flake of skin is detached, leaving a rose-colored spot, which soon resumes a natural color.

Fracture of the Penis.

I was called at midnight, November 1st, 1885, in haste, to attend Mr. W., a carpenter, aged 35, weight 215 pounds. The messenger would give no idea of the trouble I had to contend with. On entering the house I noticed a serio-comic expression on the countenance of all, especially the wife. In a room adjacent lay the patient with a beautiful picture of despair on his face. I questioned his condition. He said that a short time before, while in a doze or half sleep, he had an erection and in attempting to bend the organ down with his hand he said it suddenly broke with an audible sound. I found the following condition: The penis (*corpora cavernosa*) was fractured about midway in its length. In the upper and left two-thirds there was a decided separation of continuity with great extravasation of blood which filled the skin to its utmost distention, with considerable discoloration.

With regard to the treatment I would say that it was new with me. I made a neat pasteboard splint, well padded, and applied it, turned the organ up against and a little to the left of the abdomen, held in place by a T bandage. There was but little pain, two slight attacks of priapism. The same treatment was continued. At the end of two months there was a hardened ridge at the seat of the fracture which gradually disappeared and at this time, March 1st, is hardly noticeable, and he now says it is just as useful a member as there is in the family; although at one time he thought it would only do to stub around with.—Dr. A. A. CONKLING, in *Peoria Medical Monthly*.

The latest treatment of boils is founded on the parasitic theory of their causation. The treatment consists in painting the affected surface thickly with iodine. Severer cases are touched with carbolic or nitric acid. Internally, sodium hypo-sulphite, or sulphur, is used.

St. Louis Courier.

[The treatment by calc. sulphide, gr. j, daily, in divided doses, with the local use of red oxide of mercury ointment, leaves little to be desired.—ED.]

Treatment of Gonorrhœa.

Mr. R. H. Firth tabulates as follows the results of treatment in 413 cases:

Injection.	Cases.	Average Duration.
Chloral gr. iij ad ℥j	7	31.8
Sod. salicyl. gr. v to ℥j	13	31.
Acid boric gr. v to ℥j	25	30.2
Acid tannic gr. v to ℥j	10	29.7
Iodoform gr. xxx to ℥j	11	29.
Arg. nit. gr. ¼ to ℥j	14	28.4
Zinc. chlor. gr. ½ to ℥j	44	27.3
Warm water	23	26.6
Quinine gr. ij to ℥j	26	26.3
Plumbi acet. gr. iij to ℥j	20	26.1
Bismuth and glycerine 1 to 10	21	25.5
Zinc. sulph. gr. v to ℥j	40	24.3
Acid carbolic gr. xij to ℥j	29	23.6
Hyd. bichlor. gr. 1/16 to ℥j	51	20.1
Potas. permang. gr. j to ℥j	30	19.9
Hyd. bichlor. gr. 1/16 ℥j to (warm)	49	17.5
	413	

The vehicle was usually mucilage of tragacanth. No copaiba or cubebs or other drug of their class was given.—*Therap. Gazette.*

Mosquito Remedies.

The following is said to be a good lotion, especially for fishermen and hunters.

Oil of tar	1 oz.
Olive oil	1 "
Oil of pennyroyal	1 "
Spirit of camphor	½ "
Glycerin	½ "
Carbolic acid	2 drs.

Mix. Shake well before using.

Decoction of quassia, applied to mosquito bites, constitutes an excellent remedy. When applied to the exposed portions of the body, it is also a preservative against the attacks of these pests.

MOSQUITO FUMIGATING PASTILLES.

Charcoal	1 ℔
Saltpetre	2 ozs.
Carbolic acid	1½ "
Persian insect powder	8 "
Tragacanth mucilage	q. s.

To clear a room of mosquitoes, take a small piece of gum camphor in a tin vessel, and evaporate it over a flame, taking care it does not ignite. A sponge dipped in camphorated spirits, and made fast to the top of the bed-stead, will be found serviceable in the sleeping room. Decoction of pennyroyal, applied to the exposed parts, will effectually keep off these troublesome insects.—*Druggists Circular.*

"The great majority of cases of eczema of the vulva at the climacteric period are due to the presence of sugar in the urine."

LAWSON TAIT.

Intubation of the Larynx.

Dr. William Northrup, pathologist of the New York Foundling Asylum, reports in the *New York Medical Journal* a case of croup where tracheotomy was considered necessary, but as the consent of the parents could not be obtained, a tube was inserted into the larynx according to the O'Dwyer method. The operation is described as follows: "Wrap child in blanket, set it up straight in nurse's lap, squarely facing the operator, and insert the mouth gag, having a third person to steady the head. With the left index finger hook up the epiglottis and with the right hand insert tube by means of a holder which is afterwards detached. When assured that it is in the larynx and not in the œsophagus withdraw the thread. The operation in this case required but about five seconds, and the patient made a perfect recovery. The tube was removed in six and a half days."

[In a letter to the *St. Louis Weekly Medical Review*, Dr. G. W. Holcomb points out that although the credit of this procedure has been given to Dr. O'Dwyer of New York, yet mention is made of it on page 338, vol. ii, of "Gibson's Surgery," published in 1825, as practiced by Dr. Desault.]

Urethan.

Dr. A. S. Myrtle in writing of this new hypnotic says he has used it in over fifty cases with perfectly satisfactory results. His cases were the usual run where a sedative or hypnotic was required,—general restlessness, sleeplessness, neuralgia, etc. Many of his patients had some peculiarity of constitution which prevented the use of opiates of the usual type, and in these cases he thinks it will prove of great value as it has the advantage over morphia of not interfering with the bowels or kidneys. It does not affect the nerve centres of circulation or respiration, but spends itself in the cerebrum.—*British Medical Journal.*

Dr. James Tyson, in the *Med. News*, speaks of blood-letting as the best treatment of puerperal convulsions. This seems like going back to the dark ages. It is in direct contradiction to clinical experience. Blood-letting has had its day. Proof upon proof has been piled up against the system, showing that, except in isolated cases, it is hazardous, and does not in the least tend to mitigate the convulsions. It has been discarded in the Vienna clinics, where the results of treatment are far better than elsewhere. The most efficient remedies are morphine and elaterium, enemas of ʒ j chloral, and hot baths.—(*Amer. Lancet.*)

The Incompatibility of Calomel and Bromide of Potassium.

Vigier (*Gaz. Hebdom. de Med. et de Chir.*, May 6, 1886), remarks that calomel is decomposed on the addition of potassium bromide, although more slowly than when the iodide is added. Nobody he thinks, would give the two drugs within five or six hours of each other, but it might happen, for example, in a case of infantile convulsions, that, two practitioners being called in quick succession, the second one might order one of these drugs after the other had been given by the advice of the first one. He gives the caution, therefore, that in such cases their incompatibility should be borne in mind,—*N. Y. Med. Jour.*

Antipyrin in Disordered Stomach.

Some time since I was called to see a patient suffering from an excessively sensitive stomach. Nothing would be retained. This condition had lasted two days when I saw the case. Everything almost had been used, with no avail. I found the patient exhausted, and a temperature of 102½°. Knowing quinine would be vomited, I ordered three-grain doses of antipyrin, with a view to lowering the temperature. To my satisfaction, the drug was retained by the stomach, and seemed to have a sedative effect on that organ, as there was no vomiting after the first dose.

This called my attention to the drug as a remedy for obstinate vomiting, and I used it in the following cases with beneficial results:—

No. 2. Young woman, 24, vomiting from pregnancy. This trouble often baffles all medication. Antipyrin in four-grain doses, to be taken each morning before rising was my treatment, and after the second day there was no further trouble, except when the medicine was not taken, when the vomiting would return.

Nos. 3 and 4. Two children, 13 months and two years, both suffering from disordered stomach incident to teething, which were both controlled by this drug after other remedies had failed.

I think the above cases warrant me in giving to the profession my experience with this remedy, and would be pleased to hear of the effect produced in the hands of others.

THOMAS B. MCBRIDE, M. D.,
in *Phila. Med Times.*

Tough masses of sputa from consumptives liquefy in a few hours, from the rapid development of the tubercle bacilli. Non-infected lymph dries into a hard crust in the same time.—*Progress*

[A good thing to try.]

Saccharin.

Dr. L. Wolff, in the *Therapeutic Gazette* gives the following information concerning the new sugar—saccharin.

Less than ½ per cent. is dissolved by cold water, though warm water dissolves a larger amount, which crystallizes out on cooling. It is readily soluble in alcohol and ether.

It is so sweet that one grain can be tasted in 10 pints of water. It is 300 times sweeter than sugar; which it resembles perfectly in taste.

It is excreted by the kidneys unchanged. The chlorides in the urine are increased during its use.

It has no injurious effects on the human economy. In therapeutics it will be found useful to disguise the taste of nauseous medicines. In fermentative troubles of the digestive tract, where sugars and carbohydrates are contra-indicated, saccharin may be substituted; especially as it has some antiseptic power. In diabetes, also, it may replace sugar, as a condiment.

[Inquiry at the leading drug houses develops the fact that saccharin is not to be had in America, and will not be before next year.—Ed.]

Disinfecting Living Rooms.

The matter raised by the ordinary process of sweeping the carpeted floors in dwellings, is often not only irritating to the air passages of those who breathe it, but frequently contains the spores of dangerous forms of bacilli. A good way to reduce the danger from this source, is to use the roller-brush sweeper, and as soon as the sweeping is done, spray a quantity of Listerine into the room, directing the spray toward the ceiling. As the spray is made to fill the air of the room, all the fine light particles of foreign matter become moistened, and, by the increased weight of the vapor, fall rapidly to the floor.—*Progress.*

Effects of Drugs on Ascarides.

Schrœder found, of all drugs tried, corrosive sublimate and nicotine the most powerful; soda lye also has a powerful effect on the worms; while cyanide of potash, arsenic, strychnine, coniine, physostigmine, aconitine, morphine, and picrotoxine had little effect. The same may be said of chloral, alcohol, helleborine, quinine and camphor; while the animals proved very sensitive to phenol and salicylic acid. The presence of santonin in the small intestines drove the worms down into the rectum, where they could be dislodged by purgatives.

Drug Circular.

[When in the rectum, they are destroyed with ease by injections of lime water, with a little tincture of iron.—Ed.]

Health and Irritability.

One of the most troublesome features of life, under unhygienic conditions, is the irritable condition into which the denizen of busy cities is apt to drift. The dyspeptic troubles, consequent on the ingestion of unsuitable food taken at unsuitable hours; the substitution of worry for exercise, and of "pick-me-ups" for healthy stimuli—all tend to impair the equilibrium of his physical organization, until incomplete assimilation and imperfect nutrition culminate in a jaded condition of body and mind, which betrays itself by a want of self-control, and consequent "pettishness" and ill-humor. The philosopher has said, "he who is himself ill at ease, can scarcely be expected to contribute to the ease of others;" but, unfortunately, the individual so affected exerts something more than a negative influence on the happiness of the persons with whom the details of every-day life bring him into contact. His servants learn to dread his "spleen," and the charm of domestic life is destroyed by his querulous discontent. Such a state, which is rarely the attribute of perfectly healthy bodies and well balanced minds, should be looked upon as an indication of undue friction in the mechanism, calling for the intervention of the physician. A careful inquiry will often elicit the fact that the hyperæsthetic temper is of adventitious, and possibly recent origin, and is attributable to excesses either gastronomic, intellectual, or sensual.—*Brit. Med. Journal.*

The Rhythm of Nature.

All things move in cycles. This is true not only of winds and waves and tides and seasons and wars and prices—as has recently been so well presented by Mr. Roderick H. Smith—but it applies as well to the growth of the human body.

We are accustomed to think that, year in and year out, we go on adding to our growth by slow but steady accretion until the child becomes a man. But, strange to tell, it has been found that, like the trees which blossom in the spring and shed their leaves in the fall, so man has his season of growth and his season of repose.

The superintendent of the Danish Institution for the Deaf and Dumb, in Copenhagen, has been making a series of observations on 130 pupils—72 boys and 58 girls—the results of which are exceedingly interesting.

The children, in batches of twenty, were weighed four times daily—in the morning, before dinner, after dinner and at bedtime. Each child was measured, also, once a day.

As regards the *weight* of the body, it is

found that in the course of the year there are three distinct periods, or waves, of growth, though they are marked by some thirty lesser waverings.

I. August to December. During this period the body puts on flesh at a greater rate than at any other time of the year, and the maximum weight is attained.

II. December to April. During this period the weight varies but little—it may be called a period of equipoise, there being but slight gain or loss.

III. April to August. Now there is a falling off in flesh, so that the point of minimum for the entire year is reached.

But the increase which is made in the first period exceeds somewhat the loss which is sustained in the third, and thus the final result is that each year marks a gain over the year preceding.

Not only is there a rhythmic action as regards weight, but it applies as well to increase of height, though very remarkably, the one action alternates with the other. When the gain in weight is greatest, the height remains stationary; when the increase in height is greatest, the weight is at a standstill.

I. June and July. During these months the increase in height is greater than at any other corresponding period of the year.

II. September and October. During these months the gain in height, while it does not entirely cease, yet it amounts to only one-fifth of that which is made in period I.

Thus do the two processes alternate, and thus is there revealed, even in the growth and nutrition of the human body, a rhythmic action, corresponding to that which pervades all nature. —*Medical Era.*

The interval between marriage (*British Medical Journal*, 1883) and the birth of the first child, is given in over 6,000 cases in a table prepared by Ansell. This gives a mean interval of nearly sixteen months. The majority are born before the close of the first year, nearly seven-eighths before the close of the second year. In 421 cases the first child was born after three years of married life, and before the fourth year was completed; while in the years after the fourth there were only 222 taken altogether. From these data and similar results in other tables, Dr. J. Matthews Duncan concludes that married women delaying the commencement of fertility beyond six months, are already exhibiting a degree of relative sterility, and that when a married woman remains until the end of the fourth year without conceiving, the probabilities are strong that she will prove absolutely sterile.—*Southern Medical Record.*

The "Guess-at-it" Physician.

The boy his stomach overloads
  With jelly, pie and cake,
And then beneath his little vest
  There comes a great big ache;
I diagnose his case as "chills,"
And fill him up with quinine pills.
(He's buried soon out on the hills!)

The lady wears her French kid shoes
  A size or more too small,
'Till flesh and skin all o'er her foot
  Begin to swell and gall;
I say 'tis caused by "surplus blood"—
Lance from her heels a crimson flood.
(Then charge her a five dollar "spud!")

The dude he makes a "mash," and then
  With "girl upon the brain,"
Writes poetry until his ma
  Imagines he's insane;
I, called upon to "cure him quick,"
Soon poison him with arsenic.
(No druggist helps me do the trick!)

The love-lorn damsel droops and fades,
  Because of broken heart;
Consumption takes her in his grip,
  And tears her lungs apart.
I order then—alternate-lee:
"Hot baths and ice-packs"—Eden's key.
(And ne'er forget to take my fee!) —*Exch.*

Injection of Carbolic Acid in Hydrocele.

Dr. Wile, in the *N. E. Med. Monthly*, reports a case where most disastrous results followed this method of treating a hydrocele. A large part of the scrotum sloughed off, exposing the testicle. After long suffering the patient recovered. Surgeons should be cautious in the use of this method. Dr. Wile reports that in over sixty cases he has injected iodine, without a single failure to cure, or any undue inflammation.

Freund reports thirty-six collected cases of bone disease occurring as sequels to typhoid fever. The complication may arise in the second week. It begins with stiffness and heaviness, then intermittent pain, some fever, tenderness, and finally œdema. It usually ends in recovery, sometimes with exostosis. The tibia is most frequently affected. The treatment consists in cold, iodine or mercury locally; internally, antipyretics. The abscesses are treated surgically.—*Weekly Medical Review.*

[Nothing is said of the treatment of exostosis when it remains. This is analogous to what is termed a splint on horses. The latter can be easily removed by applying a truss pad to the splint, and fastening with a solid rubber bandage. The pressure soon induces absorption.—Ed.]

Effects of Different Forms of Alcohol.

It is a well known fact that distilled alcoholic liquors produce influences upon the sensorium and upon the progress of digestion, quite at variance with those articles which are the product of fermentation, and this fact should not be lost sight of in our study.

While brandy, whisky and the like excite belligerency, and irritate the mucous membrane of the stomach at the expense of nutrition, in those who imbibe them too freely, it is equally well known that wines, ales, etc., even when taken in sufficient excess to produce inebriation, excite an entirely different condition of the sensual faculties, as well as having an entirely different effect upon the gastric function.

The poor wretches given up to absinthe-drinking suffer from a peculiar train of nervous symptoms, the most prominent of which is epilepsy of a remarkably severe character. The last moments of the absinthe-drinker are truly horrible.

Absinthe contains, besides alcohol, several ethereal oils, of which the most important is the oil of wormwood. It has been often observed that the use of this beverage results in disorders widely differing from those caused by alcohol alone, and oil of wormwood has produced in animals tetanic convulsions similar to the epileptiform convulsions which affect absinthe-drinkers.—DR. A. K. HILLS.

Dr. Matthews, in *Progress*, describes a new operation for fistula in ano. He first dilates the fistula with a laminaria tent, then enlarges the opening by cutting with Otis' expanding urethrotome.

In very deep fistulæ, running behind the sphincters and far up the rectum, this operation might prove of service. Fistulæ not involving the sphincter had better be cut at once; it is so easily done. Deeper ones are better treated by the elastic ligature, after dilating the sphincter. Dilatation, accompanied by the application of the *curette* to the fistulous track, and some times the use of iodoform pencils, serves for the deepest of all.

Elastic Pressure in Hernia.

Mr. W. Elder, in the *Brit. Med. Journ.* reports a case of irreducible inguinal hernia, which was overcome by the use of an elastic bandage.—(*Ther. Gazette.*) [The suggestion is a valuable one, and deserves a trial.]

Dr. R. H. Sayre (*Ala. Med. & Sur. Jour.*), advocates the immediate restoration of the parts to their normal position after tenotomy; and advances excellent reasons for his belief.

THE TREATMENT OF ACUTE PROSTATITIS BY HOT WATER INJECTIONS.—M. PAUL RECLUS speaks very highly of the value of hot rectal injections for the relief of the pain and turgescence of the prostate in acute inflammation of this gland. He uses water at a temperature of 130° F., and instructs the patient to retain the injection as long as possible. At the same time he applies wet compresses of the same temperature to the perineum. By this means he states the pain is almost immediately relieved, vesical tenesmus and dysuria disappear, the swelling diminishes, and a complete cure is obtained within a few days. He relates two cases, one the result of gonorrhœa, in a man thirty-one years of age, and the other in a man fifty-five years, in whom an acute prostatitis supervened upon a chronic enlargement of the gland. In both cases the relief obtained by the use of hot injections and perineal compresses was almost instantaneous.—*Lyon Medical.*

Pity the Sorrows, Etc.

The *Globe-Democrat's* special Berlin correspondent telegraphed from that city that a certain Frau Navsak, the wife of a poor laborer, about ten months ago gave birth to triplets, and on April 19th again was brought to bed and delivered of a similar number—making six children inside of ten months. The mother is convalescent and her six babies are thriving. Referring to this outpouring of humanity, the Cologne *Gazette* remarks: "The wretched father may justly exclaim, 'Lord, cease Thy blessings!'" To which we would add that so polite a woman —for she *must* be polite, having given so many evidences of her good breeding—had no business to marry a poor laborer.—*St. Louis Med. Journal.*

"Dead Finger" Symptom in Bright's Disease.

The sensation is similar to that of immersing the finger in snow. The tips become white and numb. The sensation is very brief. Cramps, pain or formication may also be felt. The symptom may appear in any stage of the disease.—(*Eastern Med. Jour.*)

When kidneys first appear in the animal kingdom the form of urinary secretion is uric acid. Uric acid belongs to animals with a three-chambered heart and a solid urine (reptiles and birds). The mammalia possess a four-chambered heart and fluid urine, the form of urinary secretion being the soluble urea. When the human liver becomes depraved or degraded, it has a tendency to form primitive urinary products. To the question. "What is gout?" the answer is: "Gout is hepatic reversion, when primitive urine is formed by a mammalian liver." —*Fothergill.*

Scale of Charges for Professional Services.

As practitioners are oftimes at a loss to regulate their charges, it is well to have some guiding rules at hand as a resort in such cases. We here quote a tolerably fair scale of charges; such a one is quite generally conceded to be fair and compensative:

Visit in city limits, day	$ 2 00
Visit in city limits, night	4 00
Mileage in country, day	1 00
Mileage in country, night	2 00
Extra for crossing river	1 00
Treatment for gonorrhœa	5 to 25 00
Use of catheter or bougie	1 to 15 00
Consultation per day, $5; night	10 00
Do. in Surgical or Obstetrical cases	5 to 25 00
Treatment of Chancroid	5 to 25 00
Treatment of Syphilis, ordinary	50 00
Do. of Syphilis, secondary or tertiary	25 00
Vaginal examination	5 00
Urinalysis	1 to 25 00
Reduction of Paraphymosis	5 00
Obstetrical case, not exceeding 3 hours.	15 00
Removing adherent placenta	10 00
Turning or Forceps delivery	25 00
Minor Amputations	10 00
Minor Surgery, such as cupping, dressing of wounds in office, etc	1 to 5 00
Trephining	30 to 150 00
Reduction of dislocation of finger or toe	5 00
Do. of dislocation of hip, recent	100 00
Do. of dislocation of hip, old	100 to 250 00
Reduction of simple Fractures	10 to 50 00
Reduction of compound Fractures	25 to 100 00
Amputation of arm, forearm, hand, leg, foot or breast	50 to 75 00
Amputation of thigh between knee and hip	75 00
Amputation of thigh at hip	150 to 250 00
Operation for Rectal Fistula	25 to 50 00
Operation for Fistula of female genital organs	50 to 150 00
Operation for Fistula of male genital organs	50 to 150 00
Operation for stricture of Urethra	25 to 100 00
Circumcision	10 to 22 00
Operation for Hernia	50 to 100 00
Post-mortem examination	10 to 30 00
Post-mortem examination with chemical analysis	100 00
Dressing of Surgical wound at house of patient	2 00
Dressing of Surgical wound at office	1 to 5 00
Operation for Prolapse	50 00
Lithotomy	250 00
Ovariotomy	100 00
Operation for Hare-lip	25 to 100 00
Reduction of Hernia	5 to 25 00
Ligation of arteries according to location	2 to 250 00
Tapping in Ascites	10 00
Tapping the Chest	25 00
Operation for Rectal Polypus	25 00
Operation for Nasal Polypus	25 00
Operation for Uterine Polypus	50 00
Administration of ether or chloroform	5 to 10 00
Amputation of Penis	50 00
Tracheotomy	100 to 200 00
Operation for Hydrocele	25 to 50 00
Tapping for Hydrocele	5 00
Varicocele	25 00
Operation for Cataract	50 to 250 00

Charges for after-treatment of all surgical cases to be added. Charges for dressings of wound to be added at cost.—*Medical Advocate.*

A New Remedy for Rhus-Poisoning.

As the warm weather approaches and a great number of the population are about to betake themselves to the rural districts, there will shortly appear the usual periodical cases of rhus-poisoning. Having been a sufferer myself, I desire to call the attention of the profession to a remedy which I have found very efficacious, and which in my hands has heretofore proved to be *the* remedy in every instance. Having tried almost everything recommended, with no avail, I finally applied a *saturated solution of oxalic acid*, which dried up the vesicles in less than an hour, and prevented a further spread of the disease.

In practice I apply the solution with a camel's hair brush, using extreme caution, when the eruption is on the face, to protect the eyes. I usually apply it a little beyond the margin of the affected part, thus preventing the trouble spreading.—THOMAS B. MCBRIDE, M. D., *in Philad'a Med. Times.*

High Altitudes in Heart Diseases.

A gentleman appeared perfectly well, while at his home in New York. Going to St. Regis, in the Adirondacks, as he ascended higher above the sea-level, he showed dyspnœa and palpitation, gradually increasing, until at an elevation of 2000 feet the symptoms became alarming. In fact, the dyspnœa, cyanosis, absence of radial pulse, and profuse sweating, seemed to indicate approaching dissolution. Returning to New York the symptoms subsided as he approached the sea-level. Other cases had a similar history. One, of aortic insufficiency; another of mitral disease; a third with aortic disease and hypertrophy, and several others were quoted. All were greatly distressed by ascending two to four thousand feet, and all died shortly after.

Dr. Loomis in *Weekly Medical Review.*

Brucine.

A five per cent. solution of brucine painted in the external auditory meatus will relieve the pain of furuncles, or of suppuration; and will also prevent pain being felt from the use of instruments or caustics. Brucine is also most effectual in relieving pruritus of the skin, anus, or vulva. It has also been applied successfully to the nose and throat. Its action is more permanent than that of cocaine; which latter drug is useless in the earaches.*—*Therap. Gazette.*

Cocaine in Labor.

Doleris applied a four per cent. solution or ointment to the vagina and external genitals, when the labor pains began. The amount of cocaine used was about two grains in each case. In this manner delivery was rendered painless in thirteen out of fifteen primiparæ.

Fischel's results were less striking, but he employed weaker solutions.

These observations show that the seat of the labor pains is not in the uterus, but in the dilating cervix and vagina.—*Wiener Med. Presse.—Med. Age.*

[We call special attention to this easy method of relieving the pangs of parturition. The inference in the last clause quoted is not warranted; as we have found that cocaine gives relief sometimes when applied *near*, but not directly to, the affected part. An ointment with lanolin will be found a handy article for use.—Ed.]

American Mineral Springs.

For anemia	Columbian, Saratoga.
For asthma and bronchitis	Red Sulphur, Va.
For dysentery	Rockbridge Alum Va.
For dysmenorrhea	Saline, iron or sulphur, according to the case.
For dyspepsia	Hathorn, Saratoga, or White Sulphur, Va. [Massanetta]
For gout	Buffalo Lithia, Sharon.
For acid gravel	Buffalo Lithia, Capon, Gettysburg.
For alkaline gravel	Clysmic, and all lime waters.
For hysteria	Schooley's Mount., Rawley, Congress.
For malaria	Massanetta [?]
For laryngeal catarrh	Sharon.
For sluggish liver	Geyser, Champion.
For rheumatism	Sharon, Richfield.
For myalgia	Lebanon.
For scrofula	Rockbridge Alum, Greenbrier.
For skin diseases	All sulphur waters.

(*Journal of Reconstructives.*)

[* Brucine is difficult to get in this country; where it is scarcely known, except as a commercial impurity of strychnine. Wm. R. Warner quotes it at $2.50 per oz.—Ed]

CLASS ROOM NOTES.

[From the *College and Clinical Record*, and other sources.]

—For a child 2½ years old, with *infantile epilepsy*, Prof. Da Costa ordered drachm doses of cod-liver oil, twice daily; also the following:—

℞. Potass. brom.....gr. iij
Potass. iodid.....gr. j
Syrup. zingib.....
Aquæ .....ãã....q. s. M.
SIG.—Ter die.

—Prof. Bartholow, in *incontinence of urine*, occurring in a girl 12 years of age, directed the following:—

℞. Ext. ergotæ.....gr. j
Ext. nucis vom.....gr 1-6
Ext. belladonnæ.....gr. 1-6. M.
Ft. pil.
SIG.—Take three times a day.

Also—

℞. Pil. ferri iodid.
SIG.—One ter die.

—Prof. Da Costa showed, at the Pennsylvania Hospital, a strongly anæmic, rheumatic young man with mitral and aortic regurgitation, who suffered every two or three days with severe *epistaxis*, losing from ℥vj–xij each time. He was treated with ergot, styptic preparations of iron, gallic acid and tincture of matico, without avail, and he was much reduced by the repeated hemorrhages. He was then placed on copper sulphate, gr. $\frac{1}{12}$. which was successful. He has had but one slight hemorrhage for the last week.

—Prof. Da Costa presented a man at the clinic who, four months before, had been there with marked œdema, and persistent *albuminous urine*. His condition had been entirely relieved, the albumen had disappeared from the urine, and the man could well be pronounced cured. His treatment had been by remedies directed to removing the œdematous condition, and to the disease itself had been directed the following:

℞. Sol nitroglycerin centesimal.....mx j–iij
SIG.—With water ter die.

—A case of *chronic eczema*, of seventeen years' standing, was treated by Prof. Shoemaker, as follows:

℞. Ant mon et pot. tart.....gr $\frac{1}{10}$
Ext. gentian.....gr. ij
Aloin.....gr. $\frac{1}{10}$. M.
Ft. pil.
SIG.—Ter die.

Also—

℞. Naphthol.....ʒss
Camphoræ.....ʒss
Ung. hydrarg. nitrat.....ʒij
Ung. zinci oxid.....q s. ad....ʒiss. M.
Ft. ung.
SIG.—Apply to surface twice daily.

—Prof. Da Costa considers aconite the remedy for *cerebral* congestion, combined with the bromides and laxatives, or even bleeding, in the severer forms.

—One of Prof. Garretson's favorite prescriptions for diarrhœa is as follows:—

℞. Myristicæ pulv.....
Bismuth, subnit.....āā ...℥ij
Cretæ præp.....gr. xl.
Syr. zingiberis .....f℥iss M.
SIG.—A teaspoonful to be taken every hour.

—For premature baldness Prof. Gerhard prescribes—

℞. Quininæ sulph.....℥ss
Tr. cantharidis.....f ℥j
Sp. ammon. arom.....f ℥j
Ol. ricini.....f ℥iss
Sp. myrciæ.....f ℥vss
Ol rosmarin.....gtt.x. M.
SIG.—To be well shaken, and applied two or three times a week with a stiff brush.

—For anæmia, Prof. Goodell often orders—

℞. Tr ferri chlor.....f ℥ijss
Acid phosph. dil.....f ℥iijss
Syr. acid citric, q s ad .....f ℥iv. M.
SIG.—f ℥ij in water three times a day.

—In a case of phlyctenular conjunctivitis, Prof. Keyser prescribed—

℞. Hydrarg. oxid. flav.... ..... gr.ss
Adipis benzōat.....℥j M.
SIG.—Apply in eye daily.

—Prof. Agnew's standard prescription for gonorrhœa is as follows:—

℞. Liq. potassæ.....f ℥j
Co. aibæ.....f ℥ss
Tr cubebæ.....f ℥vj
Liq morph sulph., U S.P.....f ℥j
Aq. camphoræ, q s ad.....f ℥vj M.
SIG.—f ℥ss four times a day.

—A favorite prescription of Prof. Stubbs for diarrhœa is as follows:—

℞. Tinct. opii camph.....
Sp lavand. comp..... āā..f℥j
Sp vini Gallici ... .f℥ij M.
SIG.—f ℥ss every three hours.

—Among the numerous remedies recommended for *sore nipples*, Prof. Parvin pronounces the compound tincture of benzoin the best, as a local application. As the saliva of the infant is liable to be productive of fissures, etc., by its irritation, the nipple should always be carefully cleansed and dried after the nursing of the child.

—Dr. Neff treats *delirium tremens* with beef tea, very hot, and with much red pepper in it. To obtain sleep he gives sodium bromide ℥j; and chloral 10 gr., or 5 gr. if the heart is weak; repeat the sodium bromide in one hour, and both in two hours, if necessary.

Original Communications.

Short articles on the treatment of diseases and experience with new remedies are solicited from the profession for this department; also difficult cases for diagnosis and treatment.

Articles accepted must be contributed to this journal *only*. The editors are not responsible for views expressed by contributors.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them: and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—RUSKIN.

The number of communications has increased to such an extent, that it is impossible to print all without taking too much space from other departments. In future the preference will be given to those letters or parts of letters, which are of the greatest practical utility to our readers. Requests for assistance and answers to the same, will always be accorded space.

Prescribing Fornication.

Editor MEDICAL WORLD:

It is with pain that I have learned from the columns of your valuable journal, that there are any physicians in respectable standing in the profession, who would think, for a moment, of prescribing fornication in any case whatever. I am surprised, too, that any one should regard the question as beset with peculiar difficulties. Knotty questions arise only where the attempt is made to reconcile such a foul and demoralizing abomination as fornication, with divinely ordained natural laws, and healthy physiological action. This is utterly impossible. One must first put himself in line with Christian morality, and then he will find himself also in line with the laws of nature and physiology, and all knotty questions will melt away. Things get mixed, because the moral is overlooked, and the question is treated as a purely carnal one—whereas the moral element is the leading one. The patient is to be treated as a man and not as a brute. The remedy for a rutting mare is obvious; shall a human being be treated in the same way? Yes, if man is only a brute. But if man differs from the brute in possessing reason, the power of self-control, and high moral attributes, then a thousand times, NO. The physician, after prescribing appropriate remedies, and giving suitable advice, should arouse the patient's will power. Indeed, in every kind of disease, the physician must have the hearty co-operation of his patient. Who could cure dyspepsia, if the patient persisted in eating unsuitable things? A hundred-fold more important is it that an amative patient should faithfully co-operate with the physician, because his bodily weakness is so intimately associated with operations of the

mind and imagination. Where a person has a fixed determination to be free from overweening amativeness he may do so—the whole matter is within the range of his will power—of course, always using appropriate means.

But, supposing there are some extreme cases, where all the best efforts of physician and patient fail, what then is to be done? By no means is fornication to be thought of. Aside from the moral degradation of such advice (would a physician, advising fornication, offer his own sister or daughter for the use of his patient?) it is clearly an aggravation of the difficulty and not a remedy. For it is plain that in fornication, the sexual excitement is unnaturally intense, and that lascivious thoughts are encouraged, and all the symptoms of the case are aggravated. No,—however desperate the case, Paul's injunction, "Flee fornication," is the only one which harmonizes with nature. What, then, is to be done? Paul is again the best physician to answer this question: "It is better to marry than to burn." And again: "Because of fornication let each man have his own wife, and let each woman have her own husband." Here we have the natural, the philosophical, the physiological, the *Divine* solution of this mixed problem. Of course, there may be excesses in married life—even here self-restraint is called for. But when *love* binds two hearts together, and especially where children come to round out the happy group, the carnal tastes will naturally assume a subordinate place among the felicities of family life.

In this country, which some who read these lines may call a heathen land, Paul's advice is carefully followed. Boys and girls are taken in hand at an early age and married off, whether they will or not. When the boy is only fourteen and the girl only eleven, as is common, (not so common now, as formerly) all will agree that it is a mistake. But when the parties are respectively eighteen and fifteen or sixteen, it works very well. These young married people live with the father of the husband, and often it happens, that the children of the mother-in-law and daughters-in-law are born side by side, and grow up together. This custom is an excellent one for the health and morals of the people. The young men are hearty and strong, and the women, though bearing twelve and fifteen children, in many instances, are yet capable of performing heavy tasks, and very rarely suffer from uterine disease.

If the conditions of our American life were such as to encourage, rather than discourage early marriages, physicians would have far less temptation to prescribe fornication, the tone of morals would be elevated, and society greatly benefited.

M. P. PARMELEE, M. D.

Trebizond, Turkey, July 31, 1886.

[From the ancient realm of Prester John, we receive this noble letter. We commend it to every reader of the WORLD.—ED.]

A Remarkable Suicide.

C. W. T., aged 35 years, single, shot his brains out in August, 1884. A note by his side, with the contents of his pockets upon it, stated that great trouble had driven him to the deed; that he wished to be buried in the clothes he had on, that he was going to heaven, etc. He died instantly. He was alone in his room, and had been so for several hours. He rolled dirt with a wheel-barrow at a mill dam during the morning, spent the afternoon in his room, shot himself about sunset. On examining the body, we found firmly fixed on his penis close up to the body, a steel mill-pick, three or four inches long, an inch and a half wide, and three-fourths of an inch thick. There was a small hole in the centre of the pick for a handle; through this small hole he had introduced his penis (perhaps masturbating), and could not withdraw it. The penis was very much swollen, and he had not urinated for some time. He made several efforts to file off the pick, but it was hard steel, and he had made little progress. He had probably been wearing it six or seven days; though he was able to work part of the time—even until the day he died. He shaved and dressed in his best clothes, and placed his body in such a position that no blood got on the garments. He hoped to be buried with the pick undiscovered. Moral: Always strip the body when acting for a jury of inquest.

Corinth, Miss. C. KINDRICK, M. S., M. D.

[How terrible must have been the mental suffering of this man, who evidently committed suicide rather than face exposure!—ED.]

Typhlitis.

Editor MEDICAL WORLD:

A young man was taken quite suddenly, after violent exercise, and hearty eating at a tea meeting, with sharp pain, soreness and some swelling in the right iliac region. Pulse and temperature not much above normal for first week; numbness in right leg, and inclination to keep the thigh flexed soon showed; and anorexia, vomiting and constipation were added to the symptoms in a day or two. After a week he began to improve, but the leg was useless, and the fullness increased. About two weeks after, he was taken ill. While at stool on the bed-pan he felt something give away, and a lot of bloody pus passed with the stools. Immediately his leg was relieved and the swell-

ing was gone. In two weeks more he was well, and has continued so since.

An elderly man, a robust clergyman, was suddenly taken with severe inflammation, in the right iliac region; which soon improved under treatment, and he fully recovered in about a month, without an abscess. About the first of April, 1886, he was taken down, after a week or two of constipation, and some pain, with severe pain and such obstinate constipation that he had to break up the fecal mass with an instrument, before the bowels could be thoroughly emptied. Then began a series of pains, slight chills, burning sensations of various degrees of severity, numbness of the thigh, and gradually there was developed a well-marked fullness in the right iliac region; till the last of May, when he gave up work and came from New Hampshire to St. John. I examined him very carefully on the twenty seventh of May, and found his pulse normal, temperature also normal, appetite good, bowels easily kept open, and able to walk easily. The right iliac region was full, but not bulged, the percussion was flat in one place, just opposite the superior anterior spinous process of the ilium, and much soreness on pressure, with a gurgling sound. After two weeks' rest, and treatment with blisters and poultices, he was about the same, and returned to New Hampshire. About the twentieth of June, he wrote me that while at stool he passed a quantity of blood and matter, which relieved him very much of the numbness and the feeling of fullness in his side. For a few days he was free from all symptoms, but they returned in about a week with less severity. He is now able (July 12th) to attend to his pastoral duties.

My third case, a woman aged thirty, had been complaining for two years of erratic pains in the right side. In January, 1886, she was taken so ill that she had to go to bed, and the pain was so intense for about a month, that morphine was freely given by a physician of Lewiston, Me., where she then resided. By the middle of March she was able to be up, and on the twenty-fourth of March she came from Lewiston to N. B. On April 7th, she was seized with excruciating pain in the right side, and began to pass pus from the bowels, in small quantities. Her physician in Lewiston told her she had inflammation of or about the womb; and her physician in Sunbury Co. thought she had typhoid fever, and then concluded she had consumption. She came to St. John on the first of July, and fell into my hands. I examined her carefully, and diagnosed chronic typhlitis, with perityphlitis and abscess in the post cæcal connective tissue. She was in a very dangerous condition, being extremely emaciated, very nervous, partly from the use of morphine, anorexia well established, menses absent since April, and all the signs of chronic suppuration well marked. She complained of burning pain, numbness of the front of the right thigh, in the distribution of the anterior crural nerve, and fullness and soreness in the right iliac region. The pain has been so severe much of the time since the seventh of April, that she had taken an opiate most of the time till I saw her. Since July 1st she has had two discharges of pus from the bowels; first on the ninth, and the second on the twelfth of July; about half a teacupful, she thought, passed the first time, and nearly a pint on the twelfth of July. Always after a free discharge of pus, she has great ease for some time. After the pus came away she said she felt almost well. Her chances for recovery are small, unless there is a free exit for the pus now formed, which will keep the abscess cavity well drained. These cases will indicate the clinical history of a class or two of this disease.

THOS. W. MUSGROVE, M. D.

St. John, N. B.

Diabetes Mellitus.

Editor MEDICAL WORLD:

I wish to indicate the line of treatment pursued (with the happiest effects thus far) in a case of Diabetes Mellitus; which, though not well, is greatly improved; and a cure confidently expected. The case has been actively treated for the past eight weeks or thereabouts, with the two following prescriptions; and no particular course of diet prescribed, except that saccharine matter was interdicted as far as possible.

℞ Tr. lycopi Virginici.....gtt. xx
Tr. aconiti rad.....gtt. v
Aq. dest.....f℥ iv
M. Sig:—A teaspoonful every two hours.

Also:

℞ Tr. collinsonia Can.....gtt xx
Aq. dest.....f℥ jv
M. Sig:—Teaspoonful every four hours.

The hope that others will try the above plan and report has prompted these lines.

Garden City, Kas. J. W. HOLMES, M. D.

Determination of Sex.

Editor MEDICAL WORLD:

Having been for many years interested in the subject of the "Determination of Sex," and having twenty-two years ago (after twenty-five years of careful observation, and diligent inquiry, when practicable), written an article embodying my views, which was published in the *Pacific Medical and Surgical Journal*, in San Francisco, in November number of 1864, it was with much pleasure that I saw a further confirmation of my theory, in an article in your very excellent Journal for this month, by Mrs.

F. J. Hannon. She says: "If conception occurs immediately after menstrual flow" (when the sexual feeling in the female is the strongest), "it will be a male." At a later period" (when lassitude and indifference might be expected), "it would be a female." My theory is this: that the one having the greatest magnetic (not always physical) power, would stamp the embryo with the opposite sex, that is, the one upon which the imagination at the moment of conception was strongly fixed.

Breeders of horses and cattle understand this, and act accordingly; having the female served at the beginning of the period of heat, when a female is desired; and at a later period, when the excitability is at its height, if a male. In regard to delivery of placenta, my practice for fifty-six years has been to tie the cord only at the umbilical extremity; and deliver at once, by gentle traction and grasping pressure over the uterus. When required, I have introduced one or two fingers behind the edge of the placenta; thus relieving suction, and aiding the expulsive process. I have applied the bandage carefully, quite tight around the hips and lower abdomen, and more loosely above. For hemorrhage I have always used the old Boston recipe: Ferri sulph. gr. x; Aqua ℥j; Acid. Sulph. gtt. x. M. Dose:—Twenty to thirty drops, in water or wine as required. I have never lost a case in labor out of several thousands, and have never performed embryotomy (although called occassionally to perform it in consultation), having always succeeded in delivering with the forceps; using the "Dewees" where great force was required. My methods differ a little from some obstetricians, as I resort to instrumental assistance before the strength of the patient has become quite exhausted. I have had remarkably good luck. My teachers (Prof. Channing, of Boston, and my father, a fellow-student of your George M'Clellan, under Dr. Hubbard, of Pomfret, Ct., afterwards Professor at Yale), will always receive the grateful thanks of

Petaluma, Cal. WM. R. WELLS, A.M., M.D.

[We believe Dr. Wells is right as to breeders having the females served at the beginning of the period of heat, when females are desired; and at a later period for males. We think this also accounts for the curiously large proportion of male births among Jews. But we have always thought that this was due to an advanced stage in the development of the ovum in the latter case, (the male being in that view more highly developed than the female), rather than to any mental or magnetic state of the parties at the time. In fact, we do not see how the latter could have any influence at all. It is singular that so few *observations* have been made on this interesting subject. *Theories* we have in plenty.—ED.]

Aphasia from Retained Feces.

Editor MEDICAL WORLD:

Early in July a Swede boy aged 12, whose previous health had been good, became unwell; and continuing to grow worse, he was soon confined to his bed. On Monday, the 5th, he lost his speech, and became very restless; and continued so till the 7th, when he was first seen.

On inquiry it was learned that there had been no movement of the bowels, since the beginning of his illness, but the length of time that had elapsed without a movement could not be ascertained.

An enema caused the passage of some very black and offensive feces, after which he remained quiet for a quarter of an hour, when he again became restless, and in a few minutes another large stool followed.

This was repeated till 5 or 6 movements had taken place, after which the patient experienced longer periods of rest, the bowels moving several times during the night, however.

When he was seen the next day, he was still tossing in the bed, there was some gurgling in the bowels, and the aphasia continued; the patient making no attempt to speak or whisper, but apparently understanding what was said to him.

He was given potassium bromide, a mustard poultice was applied to the cervical spine, and a mixture of turpentine and lard was rubbed on the abdomen.

He went to sleep at 7 P. M., and slept till 5 the next morning, when he awoke with the use of his voice, and has since been enjoying his usual health.

The above remarkable case occurred in the practice of Dr. J. C. Stephens and myself.

Valparaiso, Neb. W. N. HYLTON, M. D.

Answer to Dr. Thompson.

Editor MEDICAL WORLD:

As the Doctor states, there was no more hemorrhage in his "case" than usually occurs, I am inclined to think, the cause of death was probably thrombosis and embolism. During fœtal life the blood of the parent is prone to abnormal changes, as shown by frequent morbid cravings for unsuitable food and drink. If during the morbid changes the "*fibrin*" increases in undue proportions, the blood is more easily coagulated. Immediately after delivery the blood pressure falls suddenly, the heart slows correspondingly, and a thrombus is easily formed. If formed in the left side of the heart, it may be driven directly to the brain, and if suffi-

ciently large to obstruct the "Circle of Willis" (either via internal carotid, or vertebral artery) a sufficient stimulus to the brain is cut off, and unconsciousness immediately ensues. The "pneumogastric" fails to get its food, and in turn fails to give its nerve stimuli to heart and lungs, and death ensues. But in cases of "sudden labor and delivery" there is another source of danger from thrombi. The uterine contractions suddenly cease, clots form in the open extremities of the uterine blood vessels, (which prevents hemorrhage). A clot may be loosened at the mouth of a vein and be carried through the uterine vein and internal and common iliac, into the vena cava ascendens, and direct to the right side of the heart and thence to the lungs. I believe in Dr. T's "case" the latter course first occurred, which obstructed the circulation through the lungs, hence the hæmoptysis. The lung obstruction would diminish the blood flow to the left side of the heart, increasing the tendency to heart clot, which followed close upon the heels of the lung embolism, and was driven through the aorta, common and internal carotid into the "Circle of Willis," or to the basilar portion, through the vertebral. In all such cases where the thrombus is large, death must be a speedy result. But I believe cases do occur, where the thrombus is small, and the embolism so slight, as to produce only a little pulmonary hemorrhage, or temporary unconsciousness, and the patient ultimately recover.

In regard to the third stage of labor, I think most of those who have given their views are correct to a certain degree, *e. g.*, I do not believe a *fixed rule* can be laid down suitable for all cases. My usual custom is to wait ten to fifteen minutes after the termination of the second stage, then examine, and if I find the placenta presenting in the vagina I pass one or two fingers to the "edge" and bring it down "edge wise," as it is much more easily delivered in that way. If I do not find it at the first examination, I knead the abdomen until uterine contractions occur; if after ten or fifteen minutes more I do not find it easily with my fingers, I then lubricate my hand with antiseptic vaseline and slowly introduce my hand, and grasping the placenta firmly, let the hand be expelled with it during uterine contractions.

Remove all soiled clothing, wash genitals and soiled portions of the body with cloths wrung from *hot* water. Most of my patients prefer the "bandage," and I apply it moderately tight. They all say it makes them feel more comfortably. I then enjoin perfect quiet, rest, and sleep. Perhaps I should have *commenced* with the closing of the second stage, and will add, that I usually give at the latter part of the second stage, one pill of Godson's ergotin comp., made by Schieffelin & Co.

For excessive after pains, I have never found anything equal to

℞ Fl. ex. viburni.....ʒ j
Fl. ex. belladonnæ.....gtt. x
Potass. bromidi.....ʒ j
Aromatic elix. q. s. ad.....f℥ j
M. Sig.—Teaspoonful every half hour.

Pierre, Dak. T. W. B. STEERE, M. D.

Catarrh of Lower Bowel.

Editor MEDICAL WORLD:

I have a peculiar case of catarrhal discharge from the rectum, in a man aged sixty-eight. It has been gradually coming on for five or six years, and the sufferer has paid little attention to it, until within a few months. He has now from three to ten passages per day, of mucus tinged with blood; with no pain to speak of. These discharges do not interfere with regular passages from the upper bowels, of feces, once or twice a day. Appetite good but flesh failing. Strength only slightly reduced. He has applied to several physicians without relief. Many astringents have been used, mostly in the form of rectal injection. I would be grateful if the editor and others who write for THE WORLD, who have had experience in chronic intestinal catarrh, would give me advice as to treatment; which will be gratefully received.

Marengo, Ia. WM. C. DERBY, M. D.

[Rectal catarrh of this nature, in a man of the age stated, should always lead us to make a digital examination of the rectum. There may be in this case, piles, ulcer, polypus, or even cancer. Until this is done, medication will prove unavailing.—Ed.]

Gunpowder Stains.

Editor MEDICAL WORLD:

When surgeon to the Pennsylvania Military Academy, some years ago, one of the cadets had his hands and face filled with coarse grains of common powder, caused by the premature discharge of the gun, while ramming. This if allowed to remain, would have caused considerable disfigurement. As it was impossible to pick out each grain of the powder, which was deeply imbedded in the skin, by using a solution of corrosive sublimate, gr. v. to water fl. ʒ j and introducing the solution into the holes made by the powder, by a pointed quill, suppuration was established; and after two or three applications, I was able with slight pressure with a cloth to wipe out every grain, without leaving a trace of the powder, or marking the skin. Possibly Dr. Crockett can get rid of the carbon in his patient's face, in a similar

manner, by prescribing a blister to remove the epidermis.

A word on dysentery. Since adopting the use of large doses of ipecacuanha, in enema in dysentery, I have had much less trouble in curing the disease. Patients bear large doses in enemata without producing nausea. Ipecacuanha per se is a great dysenteric remedy, and in connexion with opium is the sheet anchor of English army surgeons. In the dysenteries of hot climates, I do not advocate this plan to the exclusion of other remedies, as in the malarious districts calomel and opium, and quinine and opium are often necessary adjuvants. In my opinion rectal medication and nutrition are too much neglected by us all, it is often well "to give the stomach a rest" from medicine, and husband it for nutrients only. To adults I usually give the following, with the admonition to the doctor, do not be sparing of the ipecacuanha:

℞ Fl. ex. ipecac..... gtt. xx to gtt. lx
Tinct. opii.....gtt. lx
Plumb. acet.....gr. v
Mucil. acac.....fl ʒ ss
M. S.—For one enema.

Give every 4 or 6 hours, immediately after a motion of the bowels. This can also be given as suppository with theobroma; adding opium and morphia instead of laudanum.

West Chester, Pa. W. D. HARTMAN, M. D.

Hysteria.

Editor MEDICAL WORLD:

In the July number (p. 247) a reader asks for the best treatment for hysterical convulsions. In my opinion, which is based on an extensive experience, the best treatment is ten grains of ipecac administered every two hours until the convulsive action ceases, or free vomiting is produced; after which the convulsions cease; then in the presence of the patient put up a number of the same doses, with imperative instructions to administer them, on the very slightest indication of a renewal of the convulsions. In my experience such indications are few and far between.

Owensboro, Ky. J. HALE, M. D.

Rheumatism.

Editor MEDICAL WORLD:

Rheumatism must be considered as either congestive or inflammatory, and the observations which I made in reference to the tongue (May number, p. 170) as an index of those states will safely guide the physician with regard to them. There is, however, a remarkable connection between the seats of pain and the different parts of the alimentary apparatus.

In congestive rheumatism of the upper portions of the body (due to a morbid state of the stomach) alkalies combined with renal stimulants and anodynes are required.

If the pains are in the central parts of the body (due to the morbid state of the small intestines) a slight aperient, as a ʒ ij dose of sulphate magnesia in O ss warm water should be prescribed every morning on awakening, in addition to the preceding treatment.

If the pains are in the lower portions of the body (due to a morbid state of the large intestines) then alkaline aperients with anodynes only are required.

In inflammatory rheumatism in the upper parts of the body, acids (sulphuric) with anodynes should be prescribed.

If in the middle or lower parts, aperients in addition to the preceding treatment should be adopted.

Colchicum may be used with the above formulæ, but it should never be prescribed alone. It is, however, innocuous, and very beneficial when combined with either acids, alkalies or aperients.

The body must be kept warm and the temperature of the room maintained at 70°.

The dietary in the congestive state should be baked, roast or broiled meats, with milk and lime water; but never boiled meats, soups or broths.

In the inflammatory states boiled meats, soups, broths and plain milk should be prescribed.

Baked, roast and broiled meats leave behind them, after their digestion, the least quantity of acid elements, and when first taken act best and are best acted on by the acids which are present. On the other hand, although boiled meats are alkaline to the system when first taken, they do not absorb so much acid as do the roast, baked or broiled meats, and therefore leave behind them more free acid, and its sequent dyspepsia.

These dietic observations apply to all congestive or inflammatory states in every disease.

Baltimore, Md. C. C. BENSON, M. D.

For Convulsions.

Editor MEDICAL WORLD:

Allow me to contribute the following. For convulsions, nothing I ever used equals ergot hypodermically, with or without morphia. It acts by lessening the blood supply to the nervous centres, and is equally suitable for children or adults. The dose varies according to age and the severity of the attack. In the convulsions of teething and indigestion it is very rapid, preparing the way for other things.

Grand Junction, Col. H. E. STROUD.

Why have you not secured a WORLD Binder?

Typhoid Fever.

Editor MEDICAL WORLD:

The criticisms by Dr. J. W. Seip, in the June No. of the WORLD, are most pertinent and to the point.

There are typhoid fever patients who cannot take food; much less medicine. I am treating my typhoid cases with solution of chlorinated soda; 5 drops in water. If they cannot take it by the mouth, I have it rubbed into their skin, all over the body; in alcohol or whisky. To this I add morphine and atropia.

When others die, under different treatment, my cases will recover; not all, however, for some will play out, even under this treatment. In addition, I always give calomel, in grain doses every hour, till the bowels move. And by the way, let me say to Dr. J. H. Albert, who asks for information in reference to the use of calomel, what would a doctor do in a good many instances without calomel? If he were in a malarial district, and did not propose to use calomel, he might as well resign.

Calomel is as nearly a specific, in the diseases of the liver and its appendages, as we have in the *Materia Medica*. I give it in diseases of the biliary ducts, cirrhosis, biliary colic, etc., etc.; 1 grain every hour till 15 to 20 grains have been taken; or till the bowels move. It is just as useful in Bright's disease as in liver complaints.

Igo, Shasta Co., Cal. H. G.

For Drying up Milk.

℞ Tinct. belladonnæ.....
Tinct. camphoræ.....
Aceti e pomis āā part. aeq.....
M. S.—Use freely as a lotion.

Dr. Lyon's prescription in the June number, for diarrhœa is excellent. I have good reports from several cases.

Nixburg, Ala. WM. F. HAMILTON.

Mistakes in Practice.

Editor MEDICAL WORLD:

The reports of cases as published in the various medical journals, remind me of a Methodist Love Feast, just at the close of a revival. Then, all the congregation are bound for the "happy land;" all are successful in having secured through tickets.

So, in the cases usually reported, all are successful; no failures or mistakes to record. The departure from the usual channel by THE WORLD, reminds me of the same Love Feast a few months after the revival; when some old brother will admit that he had made a few transgressions. It encourages the new convert to toil on, and not give up for a few missteps, but use his mistakes for a guide and a shield in the future.

Now in this departure, like its prototype, open confession is good for the soul. I will help to roll this ball, even should it roll on my own toes.

The greatest difficulty will be to decide which failures and mistakes to report; for to report all of them would require a volume larger than THE WORLD.

I wonder how many readers of THE WORLD have changed their diagnosis, after the patient recovered or died. I wonder how many have treated cases successfully, without ever being able to satisfactorily diagnose them. Am I alone in committing these blunders? Would you believe that any physician had ever been guilty of puncturing the caput succedaneum for the amniotic sac? I did it with my little bistoury. Did any of the readers ever make a brilliant diagnosis of atrophous emphysema, invite a fellow practitioner to the autopsy, and before beginning the examination almost deliver a clinical lecture on the pathognomonic signs of senile emphysema, and the result show mitral lesion, cardiac hypertrophy, dilatation, and hydrothorax? I did. Did you ever have a badly adjusted fracture seeming to point at you from every street corner? I have. Did you ever attempt the herculean task of trying to convince the friends that the comatose condition of the patient was the result of cerebral apoplexy, after you had administered too large a dose of morphine? I have. Did you ever give expert evidence in a case of bastardy to the effect that the woman was not pregnant. and she give birth to a baby nine months from the day you examined her? I did.

Did any of the readers of THE WORLD ever assume the wise look of an owl, and in a ministerial tone, tell the dear friends that the lesion was incurable, that death was inevitable, that you had done all that mortal man could do, that science and skill were exhausted, and that the angels would soon claim their own, and that it was useless to give any more medicine, and with crocodile tears on your cheek take your departure; and the patient get well without you? I have.

[Shake, brother.] A. BLUNDERER.

Editor MEDICAL WORLD:

We have, all of us, too many imperfections ourselves to speak of those of others; so that you are preeminently right in withholding the publication of "man's inhumanity to man," and limiting avowals to *sui* convicts.

During my first month's practice, a lady with her daughter, æt. 16, came to a neighboring lady whom I was attending, desirous to know the cause of her daughter's suppressed menstru-

ation. After simply inquiring into the history of the case, which should have been private and more thorough, I took the girl's chastity for granted, and expressed myself in her favor. It was "the other fellow" who attended her in confinement, for a fat cash fee, and I who *not* only failed diagnostically, but also financially.

One more error of the many which I perpetrated in my incipient practice, was in not telling a prominent and intelligent patient, suffering mentally as well as physically, from chronic bronchitis, that the affection was due to masked malaria. Had I done so, he would have persevered with my treatment. Unfortunately he supplanted mine with a nostrum, at the verge of convalescence, only to attribute the glory and booty to the latter.

"In the struggle for power and the scramble for pelf," not one auxiliary has proved itself so available a stepping stone as Dr. D. W. Cathell's *The Physician Himself*. Although I am but a tyro myself, I submit all of the above to the rest in the profession for serious meditation. More *in future*. APOLLO.

Mistakes.

Editor MEDICAL WORLD:

That some of your readers may profit by my mistake, I will give you this case to publish.

I was called to treat a prominent citizen of this place for facial erysipelas. The patient was a robust man of 45, the constitutional symptoms were out of proportion to the local. The usual remedies were employed, laxative, diuretic, cardiac, sedative and iron, with cooling lotions locally. In the evening of the fifth day, the local inflammation could be covered all with one hand, extending from left ear over the temple, beyond the median line of forehead, about 2 inches into the hair, and over the left cheek. Temp. 103½. Patient has been delirious and restless for 2 nights and 2 days, would take no nourishment, and rejects all medicine for the last 24 hours. I determined to stop the vomiting and produce rest, if I had to stay the whole night. After fruitlessly spending 4 hours trying the various means to allay the irritable stomach, and coaxing a little bromide of potassium and hyoscyamus, I led myself into the belief that, with care, morphia hypodermically given might do good, either to promote rest or stop the vomiting. I began with ¼ of a grain; not getting any marked results, in half an hour I repeated this; when soon after my patient went into a comatose condition, from which he never aroused, dying 1¾ hours after the second injection, in spite of all that I could do.

Will some reader of your valuable journal, of some experience in Chronic Pharyngeal Catarrh, give us some practical hints on its treatment? The affection is so common, and yet seldom found treated of. Any exertion in that line I think will be greatly appreciated by the general practitioner. S.

Multum in Parvo.

Editor MEDICAL WORLD:

The July number comes richly freighted with good matter.

I do not use the post partum bandage as a routine method. Twenty-five and thirty years ago I did.

I generally deliver the placenta at once; by Crede's method.

"Prescribing fornication" is devilish. Self-control and active exercise, with unstimulating diet, is better.

Morality, not vice, should be encouraged.

Val. Riley's query at close. Yes!!!

"Discuss calomel," exhaustively. I do not use it.

"Massage for menstrual troubles." Good.

"Hint to smokers." Quit the weed! it's nasty.

"Class Room Notes." As good as bank notes.

"Mistakes in Practice." Who is free from them?

"My experience," differs from Dr. Kendrick's. Ol. erigeron and pinus Canadensis have pleased my patients, and increased my faith in them as therapeutic agents in hæmorrhage. Hamamelis is a valuable adjunct.

"Cholera Infantum," page 247—good!

If this is too large a dose, do not swallow it.

Florence, Texas. P. H. ADAMS, M. D.

[Just what the WORLD wants; truth in a nut-shell.—Ed.]

Bee Stings.

Editor MEDICAL WORLD:

Seeing different remedies recommended for bee stings, in the Medical Summary, I wish to say I have tried alkalies, soda, ammonia, liquor potassa, honey, rub with an onion, bruised tobacco, etc., and with thirty years experience can say that a small amount of oil of cinnamon, applied with a small straw, end of knitting needle, or small splinter, is worth more than all the rest. Use only a little, for it will blister.

Randolph, O. G. O. FRASER.

Dr. Burton's Case.

Editor MEDICAL WORLD:

In response to Dr. Burton, Lehigh, Iowa, I give my diagnosis, and suggest treatment for his case reported in August number. I do not give it thinking my advice more valuable, or even as

good, as that of plenty of others he may obtain through the columns of the same excellent journal. But if my experience can do the patient any good, or add any interest to THE WORLD I would feel I had but done my duty in giving it.

The symptoms you give, doctor, are rather vague to base a diagnosis on, in a case of that nature; but taking them collectively, with others one would naturally infer from those given, I think your patient is one of the poor unfortunates we see every day, cursed with the strumous diathesis. The probability is, she has been affected with a chronic metritis, since the first appearance of the leucorrhœal discharge. This has reacted on the system, and in turn been aggravated by the lowered condition of the general health, till now there is probably chronic ovaritis as well as metritis. I think also there are some hysterical symptoms, such as the general hyperæsthesia, etc.

My experience is, that either general or local treatment alone is comparatively useless in these cases, but combined they may often do good if managed properly and persisted in.

My treatment in this case would be about as follows: For internal treatment, give iron (preferably the pyrophosphate) and strychnia combined, and alternated every two weeks with syr. ferri iod. Also give asafœtida or the valerianates, and bromides if indicated. Locally, use an injection of at least a half gallon of warm water daily, using a fountain syringe. If there is any flexion or version, insert a suitable persary, as soon as it will be tolerated; which will not be long if injections are properly used. Should leucorrhœa and tenderness of cervix persist, after two or three weeks of this treatment, commence making local applications to the cervix, three or four times a week, of the following:

Dissolve tannin in tr. iodine to saturation, and dilute with an equal quantity of glycerine. Saturate tampons of cotton in this, and apply to cervix, and let remain ten or twelve hours.

I should use no blisters or liniments for the pain, except in an emergency; as I think it is reflex, and will disappear when the primary trouble is removed.

Keep bowels open with gentle salines, and feed patient well; and I think you will notice improvement.

Lest I encroach on valuable space, I will desist for the present. Would be glad to hear of this case again.

Swanwick, Ill. JOHN J. HIGGS, M. D.

Powdered capsicum internally is highly extolled in congestions of the uterus and ovaries.

Editor MEDICAL WORLD:

In August number, page 279, Dr. Burton reports a case of interest, and solicits suggestions as to diagnosis and treatment.

The case as presented, is somewhat complicated; but spinal irritation plays an important factor, as the principal disturbing element. I would refer to Reynolds' System of Med., vol. I, page 991–3. As to the doctor's treatment, both external and internal, they mark out the line that another has travelled with quite unsatisfactory results.

I would recommend repeated blisters, one below, the other over course of spine, cervical to lumbar.

For internal treatment.

℞ Brom. soda.....ʒ ss
Elix. valerianate ammonia.....f ʒ ij
Syr.....f ʒ ij
M. Sig.—Teaspoonful every six hours, in a little water.

Aconite or digitalis may be added, if circulation is disturbed, or heart forces weakened; and the spinal tenderness, and local and general hyperæsthesia will be relieved.

Wheeler's Digestion, five grains after eating, and a dessertspoonful of beef, iron and wine, four or five times in a day, with gr. j, sulph. quinine added for some days, will be of service in toning up the jaded forces; and follow with aromatic wine of coca with hypophosphites (Eli Lilly & Co's.), a tablespoonful three times a day, and the Digestion after meals. For leucorrhœa, chronic inflammation of pelvic organs, cotton tampons, saturated with fl. ex. pinus Canadensis (White's) and glycerine, parts equal, applied through the day, and hot carbolized vaginal injections night and morning, with tampon renewed. Would not presume this to be all the treatment, but a pointer in the right direction. By a willing worker. J. L. POWERS, M. D.

Reinbeck, Iowa.

For Dr. Burton's Case.

Editor MEDICAL WORLD:

I suggest for the case described on page 276, the following; which has benefited similar cases in my hands:

℞. Elix. iodo-brom. calc. comp.....f ʒ xvj
Tr. nucis vom.....f ʒ xiij
M. S.—f ʒij in cold water, thrice daily.

To be continued several months. Appropriate treatment should also be directed to the uterus. A. D. TOMLINSON, M. D.

Bloomingdale, Ind.

A Prescription for Tapeworm.

Editor MEDICAL WORLD:

I have received several letters asking for the prescription referred to in my article in the

August number of THE MEDICAL WORLD, and I take this way of answering them all:—

Joseph Leidy recommends, in Pepper's System of Medicine, in his article on tapeworm, two ounces of turpentine, given in an emulsion of yolk of egg. Take the yolk of two eggs and cinnamon water sufficient to make a five oz. mixture. Give at one dose (after fasting twenty-seven hours), and follow in two hours by a dose of castor oil.

The prescription of Prof. Tauszky is also given in "Wood's Library of Standard Authors for 1881," and is as follows: Take of pomegranate root 4 ounces. macerate for twenty-four hours in 8 ounces of water, then boil to 3 ounces, and add—

Oleoresin of fern	℥ iij
F. E. valerian	℥ ij
Ether	℥ j
Croton oil	♏ j
Honey	℥ jss. M.

DOSE.—After a fast of twenty four hours, eating only hominy and onions, or garlic, take one-third of the mixture, and repeat in fifteen minutes; an hour later take a dose of castor oil, and if the worm is not expelled in three hours take the remainder of the mixture.

I have used this prescription a number of times, and always with success, with but one exception, and in that one succeeded with the turpentine emulsion, as reported in last number. I would like to ask Dr. B. C. Thomson to give us a full account of his obstetrical case, reported in May number. I do not think he has been treated fairly. He reports his case and asks what we would have done, and if he did wrong or right. And he is ignored except by one or two, who are sarcastic, and one who thinks he could have made numerous incisions in the cervix, but fails to demonstrate how this would help the case or change the presentation. I will make the assertion: With waters broken, arm protruding, powerful uterine contraction, child dead, and woman exhausted, he was justified in performing evisceration or bisection, and his course is sanctioned by the highest authority. No more interesting case has been published in your journal, and it is worthy of discussion by every subscriber. I hope the doctor will report in full, telling which hand presented, whether back or palm, etc. Respectfully,

DOUGLAS SCHORFORD, M. D.

Berry Ave., Newport, Ky.

Will the Cervix Tear Again?

Editor MEDICAL WORLD:

In May WORLD, under the title "Will the Cervix Tear Again," is an article in which I promised to report later on the case; and the opportunity to do so is offered me much sooner than I expected.

The patient referred to, since her second month of gestation, has been troubled with severe basilar headache, the stomach so irritable that the slightest causes would bring on vomiting; this was so severe and the retching so violent, that she was confined to the bed much of the time. Previous to the sixth month she felt no motion, but about that time, felt or fancied that she felt slight movement. She thought something must be wrong, as in previous pregnancies she had always experienced violent motion, and had always been much larger than she was at this stage. The morning of July 28th she was taken with one of her usual vomiting spells; and this recurred several times during the day.

I was called about eight o'clock that evening and found her suffering from facial neuralgia, of which she had complained for several days; also of pains in the abdomen, which were attributed to the same cause. Feeling uncertain as to the cause of these pains, I concluded to wait, and was not long in discovering that those neuralgic pains in the abdomen very much resembled pains of labor; and suggested an examination, but not until after a second one could I find the os uteri. I found it dilated, I should judge, to the extent of a quarter of a dollar. The pains increased in force and frequency, and in one hour the patient was delivered of a still-born child, entirely enveloped within the membranes, and breech presenting. I ruptured the sac, but there was no amniotic fluid. In previous confinements the patient has always borne large children. This one in size and development did not indicate a seven month's child, of which the patient is positive. Neither was there any indication that the child had been dead long.

At two different times during gestation the patient took a hard cold; in the first case leaving a cough which was very troublesome, and which caused severe pains in the region of the womb; in the second, which was two months previous to the date of miscarriage, her friends tried to break it up, by giving a profuse sweat, and left her in that condition for four or five hours. This greatly weakened and prostrated her, and she felt its effects up to to the time of her late sickness. Considering the patient's previous history as given in the May number of your journal, I would like the opinion of some of your readers, as to what the chances would have been for the mother and child, had she gone out full term, breech presenting, compared with the chances had it been a natural labor; taking into consideration in each case, the condition of the cervix. Also, were the chances more favorable for the mother, resulting as it has, than if she had gone to full term? And what was the cause of the miscarriage? E. A.

When should the Cord be Tied?

Editor MEDICAL WORLD.

Lusk says, in 1875 Budin undertook the following experiments: in one series the cord was tied immediately after the birth of the child, and the blood which escaped from the placental extremity was measured; in the other the quantity of blood was determined, in cases where the cord was not tied until several minutes after delivery. By a comparison of results, he found that the average amount of placental blood was three ounces greater in the first than in the second series. * * * * * To tie the cord immediately after birth, would therefore be equivalent to robbing the child of three ounces of blood, which would otherwise pass into its circulation. This result has been confirmed by subsequent observers. Two years later, (1877) Schuecking, extending Budin's experiments by weighing the child at birth, and then observing the changes that took place up to the time of the cessation of the placental circulation, found that the child gained from one to three ounces in weight by delay. According to the clinical observations of Budin, Ribemont and Schuecking, infants which have had the benefit of late ligation of the cord are red, vigorous and active; whereas those in which the cord is tied early are apt to be pale and apathetic. Any of your readers who wish to keep fully abreast of the times, instead of from "thirty-seven years" back to the time "of our fathers," should purchase the book; and so keep posted as to what is being done in the profession.

S. J. SMITH, M. D.

[It is well to read all we can find on a subject before putting our own opinions on paper.—Ed.]

Why does Calomel Salivate?

Editor MEDICAL WORLD.

I would like to hear from some of the readers of your journal, on the action of calomel when it causes salivation. I have heard the theory advanced, that the hydrochloric acid in the stomach was the cause of salivation: that it converted the calomel into corrosive sublimate, and salivation was the result. The National Dispensatory says that "the alkaline chlorides convert the calomel into corrosive sublimate, rendering it soluble and absorbable."

I can't see what difference there would be, in the action of corrosive sublimate, after it has been converted from calomel, by either hydrochloric acid or the alkaline chlorides.

Is salivation caused by the corrosive sublimate lying in the system too long; or will it have to undergo another change?

I like your journal better than any I have ever seen. W. C. C. STIRLING, M. D.

White Oak, Texas.

Headaches in Diagnosis.

Editor MEDICAL WORLD:

I have already through your valuable journal directed attention to the tongue, and the trunk with its members, as means of diagnosis of disease and its treatment. I now submit you a third series of observations for the same purpose, in reference to what is popularly called, "headache."

1. When pain is located between the ears at the occiput, below the lambdoidal suture.

The gastrodigestive apparatus, the automatic centres of life, and the sexual organs will be the seats of disturbance.

2. When pain is located in the region of the parietal bone, from the coronal to the lambdoidal suture, and from the squamous suture to the superior outline of the parietal eminence.

The duodenum and small intestines will be the seats of disturbance.

3. When pain is located in the forehead, from the coronal suture to the superciliary ridges below, and within the temporal ridges on either side.

The large intestines will be the seat of disturbance.

4. When pain is located below the superciliary ridges including upper eyelids, to the external angular processes on either side.

The nasal passages and buccal cavity will be the seats of disturbance.

5. When pain is located in the temporal fossa, from the squamous suture to the zygoma below, and from the temporal ridge to the mastoid process.

The brain and its meninges will be the seats of disturbance.

6. When pain is located at the vertex, from the coronal suture and two inches posterior to it in the median line, and two inches on either side of that extent.

In the female, the uterus; and in the male, the bladder, will be the seat of disturbance.

Baltimore, Md. Dr. C. COLEMAN BENSON.

Prolapsus Funis Umbilicalis.

Editor MEDICAL WORLD:

This is an accident which, while it produces comparatively no danger to the life of the mother, is exceedingly hazardous to the child. In the great majority of cases, if the prolapse is permitted to continue, till the delivery of the child is accomplished by the natural efforts of the mother, death of the child results; the cause of death being from pressure which obstructs the foetal circulation.

I have met in my practice, however, with cases in which the funis being prolapsed, delivery took place promptly, and the child was born alive. The last case coming under my observa-

tion was in a woman, who had a very large pelvis with soft and dilatable parts, and in whom the delivery was very rapid.

Now, my professional brethren, permit me to say that the very rapid delivery in this case was the cause of the child being born alive, and no one will dispute this assertion. Death however, is sure to follow if we do not protect the funis from pressure, or at least deliver the child with a great rapidity, with the object of subjecting the cord to pressure for as short a time as possible.

I do not desire to take up much space in enumerating the different causes of this peculiar prolapsus, as they are set down by various authors on Obstetrics, but will simply mention the causes which in my opinion are the usual exciting ones.

The first cause and perhaps the most frequent, is undoubtedly a sudden and large gush of the amniotic fluid, when rising to erect posture. Secondly, an early rupture of the membranes, when the foetus is small, premature or mal-presenting. Prolapus funis is favored by a long cord, by a deep placental site, by oblique and breech presentation, and above all by a contracted pelvis.

Playfair in his most valuable treatise upon Obstetrics, says, prolapse of the cord occurs only in cases where the presenting part does not completely occlude the lower uterine segment. This is a rational and theoretical assertion which is sustained by practice. While the diagnosis of prolapsus funis is easy enough, the prognosis is very serious as regards the child.

When the cord is felt within the membranes next to the presenting part, a funis presentation is known to exist. After the membranes have been ruptured, the cord will naturally descend into the vagina, and it is said to be prolapsed. As a general rule, the cord occupies one of the hollows upon the sides of the promontory.

The prognosis regarding the child is extremely unfavorable. What causes this unfavorable prognosis?

First and foremost, this fatality is greatly influenced by the amount of pressure to which the cord is subjected, during the passage of the child through the pelvis. I acknowledge that there are a number of circumstances, which modify the extent of the danger. For instance, in transverse presentation the funis is hardly exposed to pressure; and if so, it is very slight. In breech presentation the prognosis is encouraging, because the softness of the breech does not exert a great pressure, and a rapid delivery can be effected. In head presentations we meet with the most serious results, and favorable conditions are only met in those cases, in which we have to deal with a large and roomy pelvis, and in which the membranes are preserved until dilatation of the cervix is completed.

(*To be Continued.*)

Ephraim City, Utah. W. H. OLSTEN, M. D.

[A subject which it concerns all of us to comprehend in all its bearings.—Ed.]

Acute Rheumatism.

Editor MEDICAL WORLD:

Permit me to give, through the medium of your priceless and highly instructive journal, "THE MEDICAL WORLD," a simple, a sure, and I might almost say, specific cure for "Acute Rheumatism." My treatment of this annoying and much dreaded disease, rheumatism, may not be new, but I certainly consider it the best and surest treatment I have ever tried; and one that is liked both by the patient and the doctor. Here is all I do, and it will do the work *every time.*

℞ Salicine,.....3 j
Fiat capsulæ, No. xii.
Sig.—One capsule every two hours.

(*For the acid urine.*)

℞ Potass. bicarb.....ʒ j
M. Pulv. et ft. chart. No. xvi.
Sig. One powder with juice of half a lemon every three hours.

I wish some one would give me a good cure or treatment for the following two diseases.

1. Gravel.
2. Torpid liver.

I have had little or no success with my treatment of these two diseases; and I want to learn all I can about them, and their proper treatment.

With respects and thanks for past favors.

Brooklyn, N. Y. FRANKLIN P. MILLER.

Singular Phenomena in Obstetrics.

Editor MEDICAL WORLD:

Since the 26th of June I had eleven births to attend to, and in each and every case the cord was surrounding the neck of the child, with the exception of the second child in a twin birth. All children born alive and doing well. If any of your readers ever had anything similar I would like to hear from him.

Grand Island, Neb. E. CHRISTIANSEN, M. D.

The Toilet of the Funis.

Editor MEDICAL WORLD:

Communications upon obstetrical subjects are of late so frequently noted in the medical press, that one might almost imagine this to be a "renaissance d'accouchement." Be that as it may, there is undoubtedly a very great diversity of sentiment and practice with regard to the management of the cord, whether in a condition of prolapse, or met with at the termination of labor.

Some make haste to sever it without waiting for the respiration of the infant to be established. At another stage it is regarded as a hawser to drag the placenta "out of the depths." Some strip it of the gelatin of Wharton, and merely tie up the arteries and vein. The Mexican midwife applies to the end of it a lighted candle, until it resembles a bit of carne seca (dried meat).

Among authors, one advises "wrapping it in an oiled rag, turning it to the left side, etc." Another recommends "a piece of cloth, four by six inches, with a central hole." Still another suggests "a piece of linen three inches square, doubled and perforated, so that the cord may be drawn through it.

Candor compels one to admit that none of these directions are very explicit, and, without certain adjuncts, would not complete a very satisfactory toilet. For these reasons, possibly, and, further, because the accoucheur has no clearly defined method of his own, the task is commonly relegated to the nurse, who does the best she can with a rag scorched, greased and punctured, "a la mode." I confess to some personal negligence in this regard, until some years ago I found in the hands of an otherwise competent nurse this appliance. It was a threefold, quilted pad of coarse Irish linen, having an irregular superficies of about twenty inches. Besides a central hole, not large enough to admit a lead pencil, the pad was classically scorched and greased on both sides! Without waiting to see such a monstrosity applied, I found a bit of cloth and extemporized the following.

To describe it, I would say, take a piece of cloth about two inches wide, and about twice the length (seven inches?) of the funis; double it and cut a hole, the centre of which should be about an inch from the folded end. From each side of the upper layer, and about an inch from the closed end, make an incision extending nearly to the perforation. It will be readily understood that *two* layers of cloth environ the cord, keeping it from the belly of the infant on one hand, and from the bellyband on the opposite side. In three days the Whartonian jelly comes away or dries up, but if inspection of the cord is at any time required, it will only be necessary to moisten the flaps and turn them aside. The narrow border toward the pelvis diminishes the tendency to urinary complications.

Altogether, the important desiderata, comfort of the infant and safety of the funis, would seem to be attained by this simple device. Furthermore, it relieves the nurse of an unpleasant duty. Try it.

San Diego, Cal. C. M. FENN, M. D.

Ergot in Labor.

Editor MEDICAL WORLD:

Dr. W. Lusk gives three causes for sudden death during or after labor: 1st. Entrance of air in the circulation; 2d. Thrombus; 3d. Neuro-paralysis. The theory of thrombus will probably cover Dr. Thompson's case.

Professor Pajot of Paris, says, "never give ergot as long as the uterus contains fœtus, placenta or clots."

Prof. Tarnier calls ergot an "infanticide drug. It has killed a great number of children and women. Do not use it if uterus is not perfectly empty, and then be careful."

Are not these statements somewhat antagonistic to the teaching of the classical American authors? Have we to tear from our books the leaves wherein we find ergot recommended in inefficient uterine action, every other condition being favorable? D. DESNOYERS, M. D.

Valcourt, Shefford Co., Canada.

Cholera Infantum.

Editor MEDICAL WORLD:

My recipe is

℞ Tr. opii camph.....ʒj
Bismuth subnit. q. s.....
to thicken to the consistency of castor oil.
M. Sig. 15 to 20 drops after each action of bowels.

It will keep the bowels in moderate check; then I use Reed & Carnrick's Infant Food with happy results. If, however, I detect any hepatic derangements I prescribe:

℞ Hyd. cum creta.....gr. ij
Quinin.....gr. j
Mix. Div. in chart. no. 2. Sig. One every 4 hours, and follow with oil.

See if your patient has good milk, that the cow has good pure water, and do not allow them to use a bottle; for they cannot keep it clean. Also have them to heat all the water that the child drinks. If troubled with vomiting I find that ingluvin acts well. Sometimes I have to trade from one remedy to another before I get the desired effect. Hope to hear from any that try this plan.

Half Rock, Mo. J. B. ROBINSON, M. D.

Criticisms, Etc.

Editor MEDICAL WORLD:

Dr. Cline has suddenly acquired a notoriety by his *claim* of wonderful success in the treatment of pneumonia and typhoid fever. His article in June number on "Abscess of Lung," in a case of consumption, explains all. It seems strange that after a practice of twenty years neither he nor his brother have discovered that their case was *not* one of consumption or of abscess of the lung, but was a case of pleuritis with effusion, eventuating in empyema. The

doctor deserves some credit for giving the mass of pus exit, but not much, for he does not seem even yet to know what he was doing. The brother is open to considerable censure for not knowing the nature of his case, and of allowing the accumulation to compress the lung so long as to destroy its future usefulness. But this is a matter of considerable doubt, for these compressed lungs have a wonderful power of resiliency. The diagnostic acumen exhibited in this case enlightens us on the others.

Dr. Stanley gives us the 'best' treatment for gonorrhœa. The treatment is no doubt good, but I do not believe any treatment is the best. A young man came to me with a one year old case. Tr. iodine ʒ ij, vin. xerici ʒ j and aq. q. s. ad ʒ vj. Sig.—Inject three times a day, cured him in a short time. This was best for his case. Another in whom the disease had extended into the prostatic ducts resulting in an emission of bloody semen was cured by an injection of a ⅛ gr. sol. of argent nit. every one or two days through an English catheter passed into the urethra till the prostatic portion grasped the fenestra. Another case of long standing, after a severe urethral hemorrhage, was promptly cured with an ung. of tannic acid 2 grs., adipis ʒ ss applied to the ulcer in the urethra with an English rubber bougie, in the end of which I had cut three grooves about an inch long, which were filled with the ointment then passed into the tender spot (which can be found by squeezing along with the thumb and finger), until it grasps the bougie, then hold that part of penis with thumb and finger and gently turn bougie. The ointment is wiped out of the grooves into the ulcer. This should be done once a day.

I suspect that in Dr. Clark's case the local anæsthetic effect was more in the patient than in the cannab. ind. Those parts bear handling or not as the patient thinks, very often. As to governing the sex nothing is known. Conception before or after menstruation, the relative age of the parties, the relative sexual excitement of the two, or "magnetic superiority", whatever that is, means nothing. Women who never had any sexual desire or pleasure, and they are not uncommon, bear families of boys and girls. The governing of the sex is one of the things that no fellow has found out.

Dr. Reese certainly goes to an obstetrical operation well prepared. I never go with more than my medicine case, a vial of ergot and of chloroform, and my forceps, and often without the latter two. I tie the cord with any kind of a string. From the moment it is tied it is a piece of dead matter to the true integument of the child, and nature begins immediately to throw it off. I do not tie the placental end for the same reason that he thrusts his finger in it, viz: to empty it. If allowed to empty, it shrinks and curls itself away from the womb.

Lancaster, O. G. A. HARMAN, M. D.

For Gonorrhœa.

Editor MEDICAL WORLD:

Dr. J. H. Albert, of Coal Creek, Tenn., wishes to hear from others upon the treatment of gonorrhœa. I have found the following a pretty good sheet anchor.

℞ Balsam copaibæ.....
Tr. ferri. chlor.....
Sp. aeth. nitros.....ā ā..fʒ ij
M. Sig:—A teaspoonful three times per day, in water, after meals.

A second very good one is:

℞ Balsam copaibæ.....
Sp. aeth. nitros.....
Sp. aeth. comp.....ā ā..fʒ j
M. Sig:—A teaspoonful three times a day, in water, after meals.

If either of the above doses nauseate the stomach, lessen the quantity.

With a fair trial, I think the doctor will seldom find either of these two prescriptions fail to subdue acute or chronic gonorrhœa. I scarcely ever use an injection; the above remedies being all that is required. Your journal I much appreciate.

Troyville, La. L. F. CALHOUN, M. D.

Empyema Not Abscess.

Editor MEDICAL WORLD:

Dr. W. Montague, of Dunnville, Ontario, has (to use a turf expression) come to the wire first, in referring to W. S. Cline's case of lung abscess. I started in the race for July, but was disabled by sickness, and did not get my article ready for the WORLD. I feel that I must yet finish it, and also face Dr. S. Keneagy, who is in the field, being the author of "A Suggestive Case," in the May number, page 167. I fully agree with Dr. Montague in his criticism. I think that in each case there was a mistake in the diagnosis. I have had two similar cases in my practice, (and diagnosed rightly too), of empyema. In each case, according to the respective M. D.'s statements, there was bulging of the lower intercostal spaces (a prominent symptom of empyema), and their surgical and after treatment was that recommended for empyema. Again, I agree with Dr. Montague, that the "condition causes many symptoms which consumptives have." And finally, I disagree with all of them as to the after condition of the lung. With Drs. Keneagy and Cline, I disagree, that the lung was nearly or all gone; and with Dr. Montague, that the long continued pressure prevented the lung from assuming

its former usefulness. I think that in each case the lung was so bound down by adhesions that it was unable to expand when the pressure was removed.

In reply to E. M., of Missouri, I would say, that according to your article your diagnosis was uncertain, and therefore you did not do right. I do not think any one is justifiable in rupturing the membranes without first having diagnosed the position of the child. In your case or any similar one I would have given morphia sulph. to produce sleep, and gone home, first leaving instructions with the nurse to send for me when labor next made itself manifest. J. T. COVENY.

Boone, Ia.

Editor MEDICAL WORLD:

I would suggest to those answering the questions of Dr. Putnam, in the August number of THE WORLD, that they answer the following, in addition, to make the record more complete.

6. If not the first labor, were forceps used at the previous ones?

7. Average number of hours of labor before forceps were used.

8. Average age of patients.

9. Average number of pelvic abnormalities discovered.

10. Result to mother, lacerations, etc.

11. Result to child.

12. Forceps used and preferred.

I hope that every reader of THE WORLD will answer Dr. Putnam's questions, and that he will tabulate the answers and publish them in THE WORLD. I consider this a most excellent mode of widening our experience.

St. Paul, Minn. CHAS. H. HOUPT, M. D.

Bandage and Cord.

Editor MEDICAL WORLD:

In these, as in all other questions, the profession seems to be divided. We sometimes have to vary in different cases, but my rule is to give half a dram dose of the Fluid Extract of Ergot as soon as the child is delivered; and then to place my left hand on the uterus, making just sufficient pressure to secure contraction and prevent distension. After the lapse of ten or fifteen minutes, and when the uterus is felt to contract, I make strong pressure downwards and backwards on fundus of uterus, evenly, with palm of left hand and fingers, after Crede's method, thus delivering the placenta by a *vis a tergo* instead of a *vis a fronte*. As soon as the placenta is delivered I give a full dose of the Fl. Ext. of Ergot, and keep up a slight pressure and gentle kneading for a few minutes afterwards. I think this is the best method, as it seldom fails to cause the placenta to be expelled from the uterus. In case it should ever fail, I would prefer introducing the hand and delivering, to making traction on the cord, which I think is not right in principle, and dangerous to the patient.

I always apply a binder about half an hour after the after-birth is delivered and the uterus is permanently contracted, and am satisfied that it does good when *carefully adjusted*, as it gives a good support to the lax abdominal walls, keeps up a slight pressure on the uterus, restores the figure, and is a great comfort to the patient.

I have the bandage wide enough to extend from below the trochanters to the ensiform cartilage, and apply it myself, evenly, with a light pad over the uterus, and pin it tight enough to be comfortable to the woman.

I am in love with the MEDICAL WORLD and will not be without it while I practice medicine.

Upper Tract, W. Va. J. M. SITES, M. D.

Editor MEDICAL WORLD:

A long experience has satisfied me that a badly adjusted bandage is a nuisance, while a well-fitting bandage is a comfort to the woman wearing it. It is of special service in giving support to a flabby abdomen, and holding it steady when the woman is raised up to swallow medicine or food. A feeling of comfort is the purpose aimed at; and if it is so applied as not to give that comfortable feeling, it had better be left off. Perfect cleanliness and a well adjusted bandage will cause most women to express a feeling of comfort. But if the patient is very much exhausted, she should have rest before the cleansing and bandaging process is commenced.

As to when the umbilical cord should be tied, Dr. Hutchings gives some very good suggestions. But is there as much danger of the child bleeding to death, through delay in ligating the cord, as the Dr. suggests? I once saw a child which had been born about 2 hours. No midwife being present, the child had not been touched. Pulsation in the cord was still active. The child was lively, and looking about. I tied the cord and removed the placenta; which I found to be without any lacerations. Had the placenta been torn the child might have lost blood, but this case satisfied me that if the placenta were uninjured, there would have been little danger of the child's losing blood through failure to ligate the cord, as Dr. Hutchings suggests. Still, as it is impossible to determine the condition of the placenta, until after its delivery, it is better to ligate the cord early.

Slight traction upon the cord, during the pains, facilitates delivery of the placenta; and he who uses such traction, with caution, at the time of the contractions only, will never have

reason to change his method. Awkward midwives pull at the cord with such violence as to break it, or tear it away from its attachments; then a physician is called, and his skill is sometimes taxed to get hold of the placenta and bring it away. This is one of the vexations of country practice.

Newport, N. C. E. L. PERKINS, M. D.

Editor MEDICAL WORLD:

From an experience of more than 40 years I venture to give my favorite remedy for diphtheria; the success of which is highly satisfactory, not having failed with it in a single case.

Every two hours the patient gargles with a solution of iodide of potash, a drachm to the ounce of distilled water; with chloride of sodium, Labarraque's solution or bromo-chloralum alternating. Internally I give veratrum or aconite every two hours to arrest fever, and parvules of hydrarg. as indicated.

Keep the room at 60°; well ventilated, and chloride of lime constantly on hand. With this treatment and proper nursing you need fear no deaths.

Emporia, Kan. J. M. HARRIS, M. D.

The following is a good tonic, nerve stimulant and stomachic.

℞ Strychniæ sulph.....gr. iv
Acid nitric C. P.....fl ʒ iv
Tr. calumbæ.....fl ʒ iv
Aquæ q. s. ad.....O ij

Dissolve the strychnine in the acid, add the other ingredients and filter. Dose.—one teaspoonful 15 or 20 minutes before meals.

F. W. MCCANON.

Vicious and Hour Glass Retention of Placentas.

Editor MEDICAL WORLD:

Having seen a number of papers on the placenta, in your issue for July, I wish to give my experience on that subject; citing the last of my cases for an example. I was called to attend a case of this kind. Child born four hours before my arrival—midwife in attendance.

Diagnosed hour-glass contraction; with hemorrhage, blanched countenance, cold extremities, very feeble pulse. In addition discovered disease of the hip joint, which had existed from infancy. Ordered stimulants, after a short interval, gave *one drachm* of chloral hydrate in solution of starch per anum, retaining the same by a tampon pressed firmly against the parts. In about ten minutes severe pains set in, and delivery of the after-birth was accomplished without any further difficulty.

I was induced to try this relaxing agent in San Francisco, some three years ago, and with the most happy results; but did not deem it worth while to place it in print, till I noticed the references in your journal, in the office of a brother practitioner.

Extraction by manual force ought to be avoided by all means, it not being devoid of peril; since I have known good practitioners meet with fatal consequences; allowing in some cases no time to control hemorrhage; such laws being laid down in text books in obstetrical practice by men of world wide fame.

Bloomfield, Cal. E. MAGUIRE.

[Doctor, had not ergot been given in this case? We have never known of a case of hour glass contraction except where the drug was used.—Ed.]

How do You Deliver the Placenta?

[Continued from July.]

A. H. W., BIG VALLEY, TEXAS.

I take the cord in the left hand, holding it steady while passing the right along it, until I feel the placenta; taking hold of it at the insertion of the cord, if a pain at this time, I pull slightly with right hand, not the cord; if no pain I request some one to press the fundus of the womb, if no contraction and placenta not moving. I, while the parts are soft and yielding, holding the funis as stated, pass the hand into the uterus. If any attachment I break it down with the fingers. This invariably causes contraction in expelling the hand and placenta, as well as any clots of blood that may have lodged in the uterus.

B. F. M., WILCOX, ARIZONA.

I usually wait ten or fifteen minutes, encouraging uterine contraction by gentle kneading. If the placenta descends in that time partly into the vagina, I insert the index and middle fingers into the vagina, and by a gentle twisting usually succeed. If I am still unsuccessful, I encourage contraction by manipulation of the womb, for a half hour longer, then if no success has attended my effort, I insert the hand into the womb, if necessary grasping the womb through the abdomen with the other hand, and bring the placenta down in the hollow of my hand.

DR. J. M. C., ROCKINGHAM, N. C.

As soon as the child is delivered, I request the most intelligent assistant present to grasp the uterus firmly with both hands, and hold steadily without any friction for half an hour. Should contraction set in during the time, I take the place of the assistant and deliver entirely by expression. If placenta is not delivered as described above in thirty minutes, I introduce the index and middle fingers of right hand in the vagina and follow up cord to placenta, and make traction in the direction of point of coccyx, at same time with left hand grasp the

uterus and squeeze and press in every direction towards the center, never downward. Good success in all cases.

DR. B. C. T., BLOSSOM PRAIRIE, TEXAS.

I place my left hand over the fundus, making a gentle pressure from above, then from side to side, endeavoring to move the uterus, which I believe frequently brings on contraction. At the same time I grasp the cord with the right hand, directing my finger up the cord until it reaches the placenta, and keeping it there so as to have "an eye" on the attachment, I make gentle traction on the cord, requesting the woman to bear down occasionally. If the cord gives a little, I climb up so as to be able to examine the attachment at any time. Now and then I carry the fore finger around the edges of the placenta, hooking down a fold here and there. In this way I have no trouble usually in effecting a delivery of the placenta. If not in thirty minutes, an introduction of the hand follows. This is my usual plan, but occasionally the woman is assisted in getting over the chamber, sitting in the bed, and after a few bearing down efforts the placenta and clots pass into the vessel. The vessel removed, the woman lies down drier and "cleaned" fully. * * * This way has given me no trouble. * * * I know some negro women who, though perfectly ignorant, have excellent success in the practice of midwifery, and enjoy a considerable practice in that line, their manner of effecting placenta delivery being varied and sometimes amusing.

DR. W. A. M., CLARK, DAKOTA.

At the end of fifteen or twenty minutes after the birth of the child, during the interval pressure being maintained over the fundus with the hand solicit a contraction of the uterus. If no contraction, make firm and steady traction in the direction of the superior strait, and at the same time moderate traction on the cord. I think it seldom or never necessary to introduce the finger into the vagina.

DR. R. F., NEW YORK.

I take hold of the cord with one hand, place the other over the uterus, and keep the cord on the stretch. I manipulate the uterus until it has been reduced to a hard globe, and reduce no further. If with moderate traction the placenta is still retained, I introduce the finger through the substance near the origin of the cord, and in this way deliver by making traction.

DR. H. E. S., GRAND JUNCTION, COL.

(1) With left hand over uterus make gentle traction on the cord, if placenta has not been passed into vagina. (2) With both hands press and squeeze the uterus thoroughly, to induce contraction and placenta expulsion. (3) Direct the patient to take a deep inspiration, and blow in the hand. (4) Take the cord as the guide, introduce the hand into the uterus, and with the fingers separate placenta from the walls, using care to get it entire.

DR. G. O. F., RANDOLPH, O.

In from five to ten minutes after cutting the cord, if no pains occur, I gently knead the uterus with my left hand, and as soon as contractions occur, I gently pull on the cord, backwards and forwards. If with three or four pains the placenta still remains, I follow up the cord with my fingers, and if any projects from the womb, push the part to opposite side of vagina; and occasionally I have caught the presenting edges between my two fingers and changed its position, endeavoring to pull down a little; and in ten years I have not had a single case in which this was not sufficient. I always practice gentle rubbing when pains do not come on as soon as desirable, and always follow fundus with my left hand, partly flexed as placenta is expelled, and retain it then until another contraction occurs, when I remove it.

If hemorrhage is severe I give ergot as soon as the child is born, but never before.

In two cases where I was not called for two or three hours after child was born, I had to introduce my hand, and the placenta had to be torn from its attachments; and funis and placenta were expelled at next contraction.

Senecaville, O. A. R. CAIN.

Editor MEDICAL WORLD:

Enclosed please find stamps for cover for the present year. Since beginning to write this I have found the July number, and wish you to know that in my opinion, there is one article in it from Dr. S. B. Chase, that is worth more to a real doctor than a year's subscription to the best medical journal in the language.

Springfield, O. T. M. CARROLL, M. D.

[You are right. Anything which will relieve the pain of muscular rheumatism (myalgia), is well worth the cost of a Journal.—ED.]

Dr. J. H. Wiley, Oskaloosa, Iowa, writes that after twenty-five years practice he discontinued the use of the bandage; and that in the fifteen years which have since elapsed, he has had no reason to regret its disuse. His views have the very unusual virtue of being written by one who has given both sides of the question a fair trial.

Dr. Wood, of Springdale, Kansas, suggests that Green's Pills are composed of powdered squills, mixed with flour and honey.

Puerperal Eclampsia.

Editor MEDICAL WORLD:

A recent case of puerperal eclampsia in my practice developed peculiarities, which to me were novel and instructive. I will briefly report it.

Mrs. E, 7 months advanced in pregnancy, applied for relief of swelled labia, feet and ankles, with difficult breathing on lying down. I at once recognized dropsy, and examined the urine, which proved to be highly albuminous. The abdominal cavity had the appearance of being filled mostly with fluid, though by deep pressure a fœtus was felt. Knowing the gravity of the symptoms, I at once informed the friends of the danger, especially of convulsions at the time of delivery. I prescribed jalap and cream of tartar, also infusion of digitalis.

After three or four days of this treatment, I was called in great haste, and found that the patient had a convulsion. I learned that the dropsical accumulation had considerably diminished, and the patient felt better the day before than for many days previously; but early in the morning was suddenly taken with the convulsion. She was in an insensible condition when I found her, and with difficulty could be made to swallow.

A hypodermic injection of morphia and atropia was at once given; also an enema of chloral hydrate 20 grs, with 30 drops tincture gelsemium. There had been no signs of labor; and a vaginal examination discovered the os to be out of reach by the ordinary digital examination.

Two hours passed without a fit, when a violent one came on, and was followed in half an hour by another. I now added bromide potash to the chloral enema, repeated the gelsemium, waited two hours without another convulsion, left the patient conscious and comfortable, and started for home 4 miles distant; was overtaken by messenger when half way home, with word that more fits had come on. Returning I resolved to at once try Thomar's method of inducing premature labor by irrigation of os, and introducing gum catheter by the side of membranes.

After two hours pumping hot water against the uterine mouth through a speculum, there were no signs of dilation, but during the operation, which was done under the influence of an anæsthetic of chloroform and ether mixed, there was no convulsion, nor was there ever after; but about one week afterward, the patient was delivered of a living child of three pounds weight; after a tedious labor of twenty-four hours, but with no signs of convulsions.

The treatment after the convulsions, up to the time of delivery, consisted in the regular administration of veratrum viride, jalap and podophyllin, sufficient to keep bowels free, and pulse in normal frequency.

The mother had a rapid recovery, the child did well and is now thriving. The points of interest in this case are:

1st. The early onset of convulsions.

2nd. The resistance to the induction of premature labor.

3d. The freedom from convulsions immediately preceding and during natural labor.

The latter I am inclined to attribute to the prolonged use of the anæsthetic (2 hours), and to the remedies subsequently used.

Tonica, Ill. GEO. N. JENNINGS, M. D.

P. S.—The lady is again pregnant, 2d month, and again complains of fullness, and difficult breathing in recumbent position. I am confident there will be a repetition of the former case, unless measures are taken to avoid it. What course had I better pursue to ward off the albuminuria and consequent convulsions? I shall be pleased to have advice through the MED. WORLD or otherwise.

[Give acetate of potassa, and plenty of buttermilk, until the albuminuria disappears. Test urine weekly the rest of her term.—Ed.]

Reply to Criticisms.

Editor MEDICAL WORLD:

I also am astonished at Dr. Brown; the great critic of Fort Worth, Texas; *i. e.* at *his* astonishment at my formula for gonorrhœa. He says it will cause a little pain; and then gives a formula which will cause as much as, or more pain than mine.

He has found that cocaine is a local anæsthetic. Well, Bro. Brown, when the urethra is rather tender, I do use cocaine; but did not mention it, because I believed all the readers of the WORLD were acquainted with its uses. Now, Bro. Brown, if cocaine renders your treatment painless, it will do the same for mine; consequently I will not drop my own method for yours; even if you are forty years ahead of Drs. Gross and Stanley. I may add chloroform to your internal remedy, and use it as a tænicide.

I subjoin the treatment for diarrhœa, with which I have been quite successful. If there be anything better, I want to know it. So, brothers, let us hear from you.

℞ Rhei pulv.....gr. x
Bismuth. subnit.....gr. v.
M. S.—Take at bed time.

℞ Tinct. opii.....f℥j
Tinct. capsici.....f℥ ss
M. S.—Twenty-five drops in water three or four times daily. If there be fever, I use quinine, sp. aeth. nit. and aconite.

I would like to hear the treatment of doctors

in any disease; no matter how old or how young it is, so it is good.

Beardstown, Tenn. J. H. STANLEY, M. D.

Answer to Dr. Hill.

Editor MEDICAL WORLD:

I notice in the July number that Dr. Hill, of Turkey Cove, Va., asks for a remedy for chronic rheumatism. If the Doctor will strictly avoid the use of tobacco, whiskey and opium, and use the Syr. trifolium comp. (as prepared by P. D. & Co., Detroit, Mich.), for six or eight months, he will find that it will complete a cure *in his case.*

Opelousas, La. S.

Post-partum Hemorrhage.

Dr. J. H. O'Reilly, in *Progress* relates how he succeeded in stopping a flooding which had resisted all other means, by injecting hot water into a sponge held in the uterine cavity until the organ contracted firmly.

[Sometimes we cannot get ice promptly, and it is well to remember the above method.—Ed.]

Editor MEDICAL WORLD:

In response to Dr. M. M. Hill, of Turkey Cove, Va., through THE MEDICAL WORLD, I will suggest the following remedy for his chronic rheumatism; whether muscular or other form. I have yet to see a case of chronic rheumatism that it will not benefit.

℞ Potassium iodide.....ʒ j
Tr. gualaci. ammo.....fl℥ iij
Ext. phytolacca fl.....fl℥ iij
Ext. colchici. sem fl.....fl℥ iv
Elixir aurantii q. s. ad.....fl℥ vj
M. S. One teaspoonful in water three times daily.

For cholera infantum, Dr. Delafield's prescription, in my experience far excels any combination of subnit. bismuth, or zinc, lactopeptine or chalk. It is as follows:

℞ Argenti nitrat.....gr. j
Acid nit. dilt.....gtt. viij
Tr. opii.....gtt. viij
Mucilag. acaciæ.....fl℥ ss
Syrupi.....fl℥ ss
Aquæ.....fl℥ j
M. S. Teaspoonful every 3 to 6 hours, to a child one year old.

Denver, N. C. C. S. ROYGELL.

Editor MEDICAL WORLD:

In a communication from Dr. Nevling in the June number, I highly approve of his treatment with regard to bleeding (having seen the treatment for upwards of 50 years); and also what is said regarding the "Metric System" in its present shape. The system ought to be introduced as soon as possible, but I for one am too old to learn the French terms as now used.

I will here give you an interestiug case: Cure of opium habit by cocaine hydrochlorate. The man had been in the habit of using opium in some shape for the last fourteen years, and when I began to treat him he was using from six to eight qts. tr. opii in a week. My plan was to use hypodermically a solution hydroch. of cocaine $\frac{1}{10}$ gr. every twelve hours for six days; then every twenty-four hours for six days, then every forty-eight hours for another week or so, and at the end of three or four weeks discontinue entirely its use A glass of ale and nourishment were given when feeling to want something. He is now quite cured of the habit.

Delaware, Ont. A. FRANCIS, M.R.C.S. (Eng.)

Dr. L. E. Bunker writes to commend Dr. Branson's letter. He states also that turpentine in large doses has proved a safe and sure vermicide in his hands. Several others have written commending Dr. Branson's method.

Dr. A. B. Poore says, in relation to Dr. Schmidt's case, that he has lately performed nephrotomy on a case somewhat similar. He promises us the report later on.

Dr. C. B. Newton, in an interesting paper read before the Conn. Med. Society, advocates the use of plaster splints for fractures of the leg. The plaster is spread quite thickly, and forms a cast of the leg.

Dr. M. B. Meriwether, San Antonio, Fla., writes that he has had success in treating typhoid fever with iodide of potash, gr. iv., every six hours.

Dr. Keneagy does not approve of physicians telling their mistakes. He thinks we should rather try to elevate the standard by encouraging colleges which enforce this idea.

Editor MEDICAL WORLD:

For enclosed P. O. stamps, please forward binder, as pr. ad.

Think the WORLD contains more real, valuable working information, to the square inch, than any medical magazine with which I am acquainted.

Prattsburgh, N. Y., WM. W. GREENE, M. D.

An elaborate system of experiments has established the fact, that no milk below 1029 specific gravity, can come from cows in a state of health. Any milk which falls below this standard is either diluted or unhealthy; or is the product of cows in an advanced state of pregnancy, in which condition the milk is unfit for human consumption.

Quiz Column.

Questions are solicited for this Column. Communications not accompanied by the proper name and address of the writer (not necessarily for publication), will not be noticed.

Editor MEDICAL WORLD:

Could some of your many readers give me the formula of coca elixir (Bockstruck's), if possible, prepared from erythroxylon coca? Also a good and reliable formula for CORNS. I have applied nearly every remedy, but the results are very unsatisfactory.

San Francisco, Cal. Dr. E. H. MALLERER.

Editor MEDICAL WORLD:

Enclosed find postal note for subscription to the WORLD. Will you kindly give me your views on the following "Chill Cure," (a good old farmer claims to have cured with it a long standing case)? "*Green Coffee* lb. ss; good whiskey O ij; put the coffee in the whiskey, let it set for twenty-four hours, then take from one to two tablespoonfuls three times a day." Says he felt the effects *crawl* all over him, even out to the tips of his fingers and toes. Could you get it analyzed?

Briansville, Ark. W. F. WILLIAMS.

[Coffee, being of the cinchona family, may have some virtue in chills and fever. But there isn't an article in the *Materia Medica* which has not been successfully used to cure agues by those who had faith in them.—ED.]

Treatment Wanted.

Editor MEDICAL WORLD:

I have a case of prolapsus uteri, that I would be glad to have some of the contributors of the WORLD give me their treatment for.

Case: Mrs. T., aged 28 years, mother of one child, six years old, has been troubled with prolapsus ever since birth of child. Cannot recollect that there was any particular cause at time of confinement. Has suffered considerably with palpitation of the heart ever since.

What is best treatment for leucorrhœa? I think half the ladies in this section are troubled more or less with it.

Also, what is the treatment for vicarious menstruation? Cause, excessive heat during menstrual period, now about three months.

Answers to above will help a country M. D. to relieve his patients, he hopes.

Big Valley, Tex. A. H. WILSON, M. D.

Phenol Sodique is composed of

Carbolic acid	gr. clxxxviij
Caustic soda	gr. xxxj
Distilled water	fl ʒ iv

Enlarged Spleen.

Editor MEDICAL WORLD:

I wish to ask a question for information. I would like to have your treatment for enlarged spleen. I have a case on hand that all drugs have failed to cure, which I have been in the habit of using in such cases. I have been taking THE MEDICAL WORLD this year. I get more practical information from it than from any other journal I have ever taken.

As this is the first question I have ever asked, I will be glad to see the reply in my next copy.

Cuba, Tenn. DR. J. W. YANCEY.

[Enlargement of the spleen is most commonly due to malaria. The remedies for this condition are, quinine and iron internally, ergotine hypodermically (gr. iij to vj every other day), cold water poured from a pitcher held four or five feet above the patient), upon the splenic region; and perhaps, better than all, the inunction of biniodide of mercury. Of this drug 15 grains are to be mixed with one ounce of lard; a piece the size of a walnut is to be well rubbed in before a good fire. Once a week is enough.

Other causes of splenic enlargement are leucocythemia, lymphadenoma, waxy degeneration, cancer, syphilis and tubercle. See which form you have.—ED.]

What Will Cure Corns.

Editor MEDICAL WORLD:

For the benefit of others, I wish to say that the salicylic acid formula given in the June number of the WORLD, in response to my query May, was thoroughly tried long ago; but with very unsatisfactory results. That formula has been given me by more than twenty different physicians during the last five years; but not one of them had tried it, or knew practically of its operation; which is excruciatingly painful. Manicures remove these things, painlessly, quickly, and with no bad effects following! But how? G. M. FOSKETT, M. D.

[We have used the salicylic acid, cannabis and collodion mixture on our own feet, and found it removed our corns painlessly, quickly, and without any bad effects following. Manicures use the knife, and dissect the corn out. —ED.]

Is the Appetite a Safe Guide.

"Let an invalid have whatever he calls for to eat; it is not he who craves it, but nature; and she will not permit him to eat to excess." Page 9, No. 2 *Journal of Reconstructives*.

Fellow-Subscribers what say you to this? Give us your opinions. DIETETICS.

Peculiarities in the Manufacture of

JENSEN'S CRYSTAL PEPSIN,

NATURE OF THE IMITATIONS, ETC.

The champion Pepsin of the world. The only Pepsin found worthy to be imitated. Even the wealthiest manufacturing chemists could not resist the temptation.

One party used glue as a cheapening adulterant for the production of scale Pepsin; another party has now succeeded in flooding the market with their imitations of my scale Pepsin owing to its extreme cheapness. This party now declares (not to the professon), that they use 60 pounds of dry egg albumen, peptonized by 200 hogs' stomachs; a third party wrap their imitations in an exact *fac-simile* of my circular making full use of all my testimonials. The great injury these imitations cause my preparations can easily be understood.

The protection chiefly relied upon is through the profession's vigilance in discriminating between the genuine and the spurious article. When prescribing my Pepsin most physicians now underline my name, thus JENSEN'S Crystal Pepsin, and no misconception can excuse substitutions. The great reputation of this Pepsin lies in that it is a Peptone Pepsin, *i. e.*, the texture of the stomachs in which the ferment is lodged is entirely dissolved, thereby obtaining all the Pepsin, when thereto is added my recent improvement in precipitating from this solution all of the earthy and saline matter, leaving only the azotized constituent, containing all the peptic principle; and, finally, is further concentrated by drying it upon glass plates until brittle scales are formed, the reason for its high digestive power can easily be understood. Why it surpasses also in keeping qualities all of the former Pepsins, is owing to its scaly and brittle texture, it being the only organic medicine in the materia medica produced for the market in scales. It is also perfectly soluble upon the tongue, pleasant to the taste and practically inodorous.

Although it commands a higher price than any other Pepsin in the market, it is, nevertheless, the most prescribed. Its purity and solubility, combined with its great digestive power upon albuminoids have inspired physicians of a suggestive minds to try it also as a solvent for diphtheritic membranes and coagulated blood in the bladder. The success also of these novel uses, has already become generally known to the profession all over the world. Physicians writing for samples, receive prompt returns.

Dr. Hollman (*Nederl. Weekbl.*, 18, p. 272) reports the case of an old man, aged 80 years, suffering from retention of urine, in whom the introduction of a catheter failed to produce the desired result. It was found that the bladder contained coagulated albuminoid masses mixed with blood. A few hours after the injection of about 16 grains of Dr. Jensen's Pepsin dissolved in water, a large amount of a dark, vicid, fetid fluid, readily escaped by the catheter.—*London Medical Record.*

Dr. Edwin Rosenthal, acting on the suggestion of Dr. L. Wolff, has used an acidulated concentrated solution of pepsin as an application to the membranes of diphtheritic patients, for which there seemed to be no other help than tracheotomy, and reports that it acted like a charm, dissolving the membranes, admitting a free aeration of the blood, and placing them soon on the road to convalescence. The solution he used was:

℞ Jensen's Pepsin.....3 j
Acidi Hydrochloric, C. P.....gtt xx
Aquæ q. s. ft.....fl ʒ j

M. S.—Apply copiously every hour with a throat-mop. —*From the Medical Bulletin.*

FORMULA FOR WINE OF PEPSIN:

℞ Carl Jensen's Pepsin.....gr 192
Sherry of port wine.....ʒ viss
Glycerin puris.....ʒ iss
Acid Tartaric.....gr v

Sig.—f ʒ j after meals. This is three grains of the pepsin in each teaspoonful.

For severe attacks of colic it has afforded present relief, after a few doses have been given in short intervals, when other remedies have failed.

CARL L. JENSEN,

Home Office, No. 2039 Green Street,

PHILADELPHIA.

KIDDER'S CRUST PEPSIN

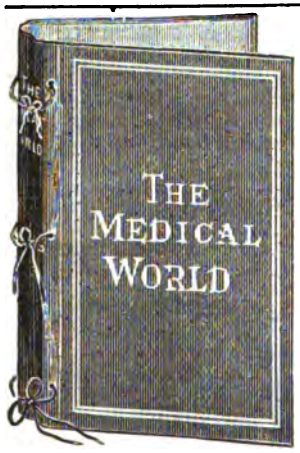
—(PURE.)—

This concentrated animal ferment, prepared by a new process, possesses superior digestive power, is unalterable, and guaranteed free from sugar of milk, salt, acids, or other adulterants.

One grain will dissolve 1200 to 1500 grains of coagulated egg albumen.

FOR SACCHARATED PEPSIN, U. S. P., 1880.
Powdered Crust Pepsin, 1 part. Powdered Sugar of Milk, 19 parts.

WM. F. KIDDER & CO.,
MANUFACTURING CHEMISTS,
NEW YORK.



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Some of our subscribers order large numbers of these binders, evidently using them for other journals and magazines, because other binders equal to ours cost two or three times the price of ours.

It will be noticed that three short strings have been substituted for one long string, this arrangement being found more convenient.

Bear in mind that we can supply back numbers to January.

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1520 Chestnut Street, Philadelphia.

DR. LIEBREICH'S LANOLINE;

A NEW BASE FOR OINTMENTS AND SALVES.

U. S. Patent, No. 271,192. Dated, January 23d, 1883.

Beware of a crude woolfat of bad odor and of a dark color sold as Lanolin, and under similar names.

LUTZ & MOVIUS, Sole Agents,
15 Warren St., NEW YORK.

Dr. KNORR'S ANTIPYRINE,
The New Febrifuge.

URETHAN,
The New Hypnotic.

—SEND FOR CIRCULAR.—

Can the EDITOR or any subscriber to the journal give the formula for preserving milk in warm weather, used at the Long Island College Hospital, Brooklyn? J. CORNELL.

Editor MEDICAL WORLD:

I would like some of the brethren to give me a good prescription for hair shedding; or tell me what to do, when the hair is coming out, and yet the patient in perfect good health.

Clifton, Tenn. W. E. FARISS.

[Please see page 100 of this journal for March, 1886, or page 144 of April, 1886.—ED.]

Editor MEDICAL WORLD:

On what branches are applicants for the position of surgeon in the navy, examined?

D. B. M.

[Examinations are held upon the seven fundamental branches of medicine, on hygiene, and on the preliminary education—spelling, grammar, algebra, history, botany, etc., and any languages with which the applicant professes to be acquainted. Successful candidates enter the service as assistant surgeons.—ED.]

Editor MEDICAL WORLD:

In February number, page 39, you published a local anæsthetic, taken from the "Medical Analectic." Where can anilin oil be procured, and at what price per oz. or lb.? I have applied to Crowder's Drug Co., of Dallas, Texas, and St. Louis druggists, but have been unable so far to find any one who is acquainted with the drug. Long, long may the WORLD continue to revolve on its editorial axis, diffusing the very cream of medical literature. It is just such a magazine as the busy practitioner needs. I think I will, if it suits you, contribute some facts picked up in a forty years practice.

H. P. THOMPSON.

Wells Point, Van Zant Co., Texas.

[Anilin oil is a result of the re-distillation of coal-tar. The first result of distillation is a liquid called *light oil of tar*, containing benzole and other volatile ingredients. The second result of distillation is *heavy oil of tar*, containing anilin, creasote, phenol, etc.; and pure anilin is obtained from this. Pure anilin is of an oily nature; but by *anilin oil* is meant the *heavy oil of tar* above mentioned, and by applying for it under that name, probably there would be no difficulty in obtaining it. We are unaware of its cost.—L. L.]

Dr. Benjamin Franklin of Georgetown, N. Y., writes, that the most palatable way to administer tincture of iron, is to give it in milk; which completely covers the taste.

Editor MEDICAL WORLD:

Can you give the formula for Kendall's Spavin Cure? It is useful, but very costly. Tinct. iodine, oil of origanum and strongest tinct. camphor, in equal parts, comes very near to effecting the same results.

Woodland, Mich. N. C. MEYER, Ph. G.

Camphor	21 parts
Oil turpentine	30 "
Oil rosemary	1 "
Water	39 "
Alcohol	192 "
Iodine	5 "

Mix.

This is similiar to the original.—(*National Druggist.*)

Pettit's Eye Salve is the ung. zinci oxidi of the U. S. Pharmacopœia.

Holloway's Ointment is composed of the following:

Yellow wax	10 parts.
White wax	10 "
Turpentine	25 "
Lard	50 "
Sweet oil	75 "

Palatable Iron Mixture.

R	Pot. citrat	℥ jss
	Aquæ q. s.	
	Tr. ferri chlor	f℥ ijss
	Syr. auranti, q. s...ad	f℥ jv

M. S.—One teaspoonful every four hours.

W. O. GILSON, M. D.

Prurigo.

Editor MEDICAL WORLD:

Can any of your readers suggest a remedy, which has been tried and found successful, in a case of prurigo, attended with considerable itching, and thickening of the skin; covering a space about the size of a hand, on the inner and anterior aspect of one knee? The patient is a healthy young widow, and the only cause I have been able to discover was "pin worms" in the rectum. After succeeding in getting rid of the worms, the case still continues. Fowler's solution, and tincture of iron, internally, and a powder containing camphor, chloral hydrate, and starch locally, has answered best; but with other remedies the eruption seems to spread. "FELIX," M. D.

It is claimed that Paraldehyde in doses of 1 to 2 drachms is an antidote to strychnine, preferable to chloral hydrate, and harmless to the heart.

THE MEDICAL WORLD is like wine, grows better and better with age. R. H. H.

Editor MEDICAL WORLD:

Will you please tell us something of the reputation of "Warburg's Tr." as a febrifuge? Do you look with favor upon hypodermic injections of phenic acid in intermittents? Can you give a formula for a permanent solution of amyl nitrite for internal administration? I hope that very few will adopt the practice of Dr. Hutchings in July WORLD. Theory and observation are against the practice of cutting a cord as long as it pulsates. If the child *could* "bleed itself to death" where would the blood go? The placenta is never congested. *Never* ligate the funis while it pulsates. REW.

[1. We look upon Warburg's Tincture as an antiquated and unscientific jumble. It has been used in the fevers of India, with such success as a combination of quinine, aloes and carminatives would be expected to win. The dried skunk's bellies may add to the effect, but we prefer to take our quinine straight.

2. Phenic acid is so destructive to the blood corpuscles, that its use in fevers is tabooed.

3. We know of no *permanent* solution. It may be given in water.—Ed.]

We are requested to publish formulæ for Hood's Sarsaparilla, Williams' Indian Ointment, Cheesman's Arabian Balsam, and Cuticura Soap. We would be pleased to hear from any of our readers who can answer the above. The formula for Cuticura Ointment was published in April number, page 143.

The following resembles Moxie's Nerve Food.

℞	Tr. nux vomica	20 drops
	Syrup	3 fl oz
	Spts. sassafras	30 ♏
	Water	15 fl oz.
	Plain soda q. s. ad	24 fl oz.
	Color with calomel.	

[The proprietors hint at oil of wintergreen and bitter root (gentiana catesbæi) as the ingredients. They certainly make, with sugar and soda water, a beverage not distinguishable from the original trash.—ED.]

FORMULÆ.

Janeway's Pills.

℞	Resin podophylli	gr.	10
	Pulv. aloes	gr.	20
	Ext. belladonnæ		
	Ext. nucis vom.	āā. gr.	5

Mix.—Divide into 20 pills.

Pilulæ Aloes et Ferri.

R	Ferri sulphat	grs.	60
	Pulv. aloes	grs.	60
	Pulv. aromatici	grs.	60
	Strychniæ acetat	grs.	2
	Confect. rosæ	q.	s.

Mix.—Divide into 60 pills.

Mistura Ante-Epileptica.

℞	Sodii bromidi		
	Potass. bromidi		
	Ammon. bromidi	āā.	ʒ 3
	Potass. iodidi		
	Ammon. iodidi	āā.	ʒ 1½
	Ammonii carbon		ʒ 1
	Tinct. calumbæ	fl	ʒ 1½
	Aquæ q. s. ad	fl	ʒ 8

Mix.—Full dose, One and a-half drachms before each meal, and three drachms at bedtime. (*Dr. Brown-Sequard.*)

Syr. Hypophosphitum Co.

℞	Calcii hypophosphitis	gr.	256
	Sodii hypophosphitis	gr.	192
	Potassii hypophosphitis	gr.	128
	Ferri sulphatis	gr.	185
	Acidi hypophosphorosi (1.036)	fl	ʒ 9
	Sacchari		ʒ 12
	Aquæ q. s. ad	fl	ʒ 18

Mix.—Dose, a teaspoonful.

Vance's Mixture.

℞	Quiniæ sulphat		
	Ferri phosphat	āā.	gr. 32
	Strychniæ		gr. 1
	Acidi phosph. dil. (tribas.)		q. s.
	Syr. zingiberis	fl	ʒ 2
	Aquæ q. s. ad	fl	ʒ 4

Mix.—Dose, a teaspoonful.

Mistura Copaibæ.

℞	Copaibæ	fl	ʒ 1
	Liquor. potassæ	fl	ʒ 2½
	Spts. æther. nitr	fl	ʒ 1½
	Pulv. acaciæ		ʒ 3
	Glycerinæ		
	Aquæ	āā. fl	ʒ 6

Mix.—Dose, two teaspoonfuls. To be well shaken before use. (*Dr. Bangs.*)

Mist. Hydrarg. Bichlor.

℞	Hydrarg. chlor. corros.		gr. 1
	Potass. iodidi		ʒ 2
	Tr. gent. co	fl	ʒ 4

Mix.—Dose, a teaspoonful.

Bell's Gargle.

(GARGARISMA BORACIS.)

℞	Sodii biboratis		ʒ 2
	Fermenti		
	Mellis	āā.	ʒ ½
	Aquæ q. s. ad	fl	ʒ 8

Mix.

Carbolised Collodion.

℞	Collodion	fl	ʒ 1
	Olei ricini		
	Acid. carbolici	āā. fl	ʒ ½

Mix.

Richardson's Styptic Colloid.

℞	Acidi tannici		ʒ 2
	Alcoholis absoluti	fl	ʒ ½
	Ætheris	fl	ʒ 2½
	Collodion q. s. ad	fl	ʒ 12

Mix.

Barker's Post Partum Pills.

℞ Ext. colocynth co.....
Hydr. chloridi mitis.....āā..ʒ 3
Ext. Hyoscyami.....gr. 40
Ext. nucis vom.....
Pulv. aloes.....
Pulv. ipecac.....āā..gr. 20
Mix.—Divide into 120 pills. (*Dr. Fordyce Barker.*)

Crane's Laxative Pills.

℞ Pil. hydrarg.....grs. 24
Pulv. aloes.....grs. 6
Olei tigiii.....gtt. 1
Mix.—Divide into 12 pills.

Cough Mixture for Adults (*Inf. H.*)

(*Used in Infant's Hospital, New York.*)

℞ Ammonii chloridi..... ʒ 1
Spts. ætheris co.....fl ʒ 6
Syr. pruni virg.....fl ʒ 2
Aquæ q. s. ad.....fl ʒ 4
Mix.—Dose, a teaspoonful.

Mist. Acidi Hydrobromici.

℞ Acid hydrobrom. dil. (34. %).....fl ʒ ½
Spts. chloroformi.....ɱɣ 20
Syr. scillæ.....fl ʒ 1
Aquæ, q. s. ad.....fl ʒ 1
Mix.—One dose, to be taken twice or thrice daily, for cough.

Mist. Expectorans (*Stokes'.*)

℞ Ammonii carbon..... grs 32
Ext. senegæ fl.....
Ext. scillæ fl.....āā..fl ʒ 1
Tinct. opii camph.....fl ʒ 6
Aquæ.....fl ʒ ½
Syrup. tolut. q. s. ad.....fl ʒ 4
Mix.—Dose, a teaspoonful.

Collodion Flexile.

℞ Collodion.....part 50
Terebinthinæ canad.....part 2
Olei ricini.....part 1
Mix.—All by weight.

Linimentum Chloroformi Co.

(*Used in Charity Hospital, New York.*)

℞ Chloroformi.....fl ʒ 2
Tinct. opii.....fl ʒ 2
Linim. saponis.....fl ʒ 1½
Mix.

Lotio Plumbi Co.

(*Used in Hart's Island Hospital.*)

(GOULARD'S MODIFIED.)

℞ Liq. plumbi sub-acet.....
Tinct. opii.....āā..fl ʒ 1
Tinct. arnicæ.....
Spts. camphoræ.....āā..fl ʒ 2
Aquæ..... ℥ 1
Mix.

McCready's Paint.

℞ Tinct. aconiti rad.....fl ʒ 2
Chloroformi.....fl ʒ 1
Tinct. iodinii co.....fl ʒ 2
Mix.

Lubricant for the Speculum.

℞ Acidi borici.....ʒ j
Tinct. eucalypti.....ʒ j
Vaseline .....ʒ x
Ft. unguentum.

This is better than applications containing corrosive sublimate, as the latter tarnishes metals.

For Indigestion and Vomiting of Pregnancy.

A very learned name for a remedy is ingluvin. It is the essential principle of the gi zard, and bears the same relation to poultry that pepsin does to the higher animals. The honor of its discovery and utilization in its crude state, remotely dates with the Chinese gastronomer, as well as the Caucasian chemist, in its refined condition. From time immemorial the inhabitants of the Celestial Empire have used the gizzard of chickens and ducks in nearly all made dishes. Their writers have recommended the practice as a sovereign treatment of dyspepsia, weak stomach and vomiting. A favorite prescription of Chinese physicians for chronic indigestion, is to cut up and digest chicken gizzards in hot water until they are reduced to a pulp, and then add some spices. A tablespoonful or two of the resulting paste is taken at each meal until the patient has entirely recovered. From China the practice passed to other parts of Asia, and was adopted here and there among the Mediterranean peoples. Strange to say it was never learned by the great nations of Europe until the latter part of the present century. On the other hand, the organic chemists of Europe discovered, about 1850, a powerful nitrogenous radical in the gizzard. Experiments thereafter showed it to possess many of the qualities of pepsin. These experiments led to its isolation. Numberless experiments have proven it to be a very valuable addition to therapeutics Where pepsin refuses to act, and where, in severe cases it has even been rejected by the stomach, ingluvin effected relief rapidly and with the greatest ease.

In four recent cases of poisoning by root beer (Brooklyn, June, 1886), Dr. George Everson, Jr., a well known physician of that city, reports that after pepsin and all similar compounds had been rejected by the stomachs of his patients, ingluvin stayed the retching and enabled them to retain and digest food.

Dr. Lassing reports a similar experience in several cases of acute dyspepsia.

A priori, it would seem as if ingluvin should be more efficient and potent than pepsin in many cases of physical disorder.

Our poultry are chiefly granivores, and have no beak nor other buccal apparatus for crushing the hard grain and seed on which they so largely feed. The food is swallowed when apprehended and passes directly into the crop or gizzard. This seems to act both mechanically and chemically. Its interior walls are covered by a dense, hard cultous membrane, surrounded by muscles of the most powerful type. Along with the food is always a small amount of sand and gravel. The organ acts apparently by bruising and cracking, rather, than is commonly believed, by trituration. The motion of the ingluvial muscles is accompanied by a slow but continuous exudation, from the walls of the crop, of a strong organic fluid, of which ingluvin is the chief constituent. The hull of the grain or the shell of the seed is broken by the pressure of the walls and the gravel, and their interior is exposed to the chemical action of the ingluvin. By the time it reaches the stomach it is ready for the gastric juices. From this point on, digestion proceeds as with the higher animals. As the gallinaceæ have very small salivary glands, and as the fluids secreted by these resemble the secretion of the parotid rather than that of

the sublingual and submaxillary glands of the human being, it would seem as if ingluvin played a double part, exercising the functions of the ptyalin of the saliva as well as the pepsin of the stomach. Ingluvin is prepared by the far-seeing chemists, Wm. R. Warner & Co., of Philadelphia. It is made from selected gizzards, and is so carefully extracted as to be free from all foreign organic bodies. It is already known and appreciated by the medical profession. The *American Analyst* bespeaks for it the same appreciation by its readers. We extract the following:

Prof. Roberts Bartholow, M. A., M. D., LL. D, in his late work on "Materia Medica and Therapeutics," says: —INGLUVIN. This is a preparation from the gizzard of the domestic chicken—*ventriculus callosus gallinaceus.* Dose, gr. v.—ʒ j.

Ingluvin has the remarkable property of arresting certain kinds of vomiting—notably the *vomiting of pregnancy.* It is a stomachic tonic, and relieves *indigestion, flatulence* and *dyspepsia.*

The author's experience is confirmatory of the statements which have been put forth regarding the exceptional power of this agent to arrest the vomiting of pregnancy. It can be administered in the inflammatory conditions of the mucous menbrane, as it has no irritant effect. Under ordinary circumstances, and when the object of its administration is to promote the digestive function, it should be administered after meals. When the object is to arrest the vomiting of pregnancy, it should be given before meals.—*From the American Analyst, August 1st, 1886.*

SPECIAL NOTICES.

THEY SAY

That those who fail to send for a sample of Grainlet get left.

That the International is going to be a huge success.

That the way babies thrive on Baby-Sup is wonderful. Send for a sample.

That the summer has been less fatal than usual to infants.

That Jensen says it's his Pepsin, and Mellin says it's his food.

That we think they are both right: but to test the thing you had better get samples of each and try for yourself.

That next month's WORLD will have somewhat to say on malaria.

That nobody who buys Molesworth's Syringe ever brings it back for exchange.

That advertisers always like to hear what you think of the WORLD.

That Lactopeptine is one of the few remedies which has outlived the season of novelty.

That the American Medical Association fight has put an end to the medical centre delusion.

That Listerine is one of the things we can't keep house without.

That somebody ought to sit down on Lawson Tait.

That the doctors in St. Louis have used many a bottle of Lithiated Hydrangea, since they became personally acquainted with Lambert.

That country doctors ought to pay more attention to their native medicinal plants.

That people who can't take oil in any form, have used Hydroleine for months without suspecting it ever owned acquaintance with the cod.

That malaria covers a multitude of sins.

That Waite & Bartlett are rapidly introducing their batteries.

That the fornication debate ends just where it started; each deciding the matter according to his belief.

That nothing does a leg ulcer as much good as a "Master" Elastic Stocking.

That you can get a sample *ounce* of Proctor's Pepsin by sending 35 cents.

That that is a very generous offer for an article which is so well established.

That Italian Surgery is winning its way to the front.

That Dr. Wallian's apparatus is exceedingly valuable to physicians with intelligent clients. That'll tickle 'em, if you let them see it.

That an honored Philadelphia doctor, who had Bright's disease, lost his life to-day while bathing at Spring Lake.

That people with Bright's disease must beware of sea bathing.

That Beseler's apparatus is very handy for making oxygen; and that oxygen is just now attracting much attention as a remedial agent.

That we are not quick enough to avail ourselves of improved methods of treatment.

That Gedney's Capsules are just the thing to hide nauseous doses in; if a man has to be his own druggist.

That the abdomen is always flat in cases of tapeworm.

That Hayden's Viburnum was a happy thought.

That we would like to know which articles you like best in the WORLD.

That Llewellyn says the stocks of fine Bordeaux still hold out; his "Vinum Tonicum Coca" is rapidly supplanting other makes.

That Germany is not at all conceited.

That Wm. R. Warner's preparations have a place in the estimation of physicians which nothing but their uniform excellence could win.

That the New York Pasteur Branch Institute was a failure.

That Kidder's Crust Pepsin is one of the most powerful digestive agents ever put in the hands of the profession.

That Tait opens many an abdomen because he has not the skill or does not take the trouble to diagnose cases without it.

That Barry's Thermometers are marvels of cheapness and good quality.

That Berge would like you to send for his pamphlet on Franklinism.

That the spaying epidemic shows signs of exhaustion.

That Planten's Capsules hold their own after fifty years trial. Small wonder, either.

That many try to rival Seabury & Johnson in their elegant specialties for surgeons' use.

That they can't do it.

That there are 86,000 physicians in the United States.

That Smith & Shaw have routed the French with their admirable pocket batteries. How can they sell such an instrument for so little money?

That we will have to stop a minute and recruit with a little Cherry Malt Phosphites.

That we feel better.

That you ought to try an improved Electric Truss, to see what a good thing it is.

QUININE PILLS.—The analysis of WM. R. WARNER & CO.'s QUININE PILLS by Professor Genth, of THE UNIVERSITY OF PENNSYLVANIA, confirms those made by Professor Coblentz, also those of Professor Trimble, of the Philadelphia College of Pharmacy; samples of which were obtained and used as stated by Professor Trimble. A careful examination of the SULPHATE OF QUININE and an assay of the water of crystallization is made with every lot used by this house, so as to merit the confidence of physicians throughout the country, who should be careful to specify the make. There is no sub-coating of shellac, collodion, glue, or any other material used. The coating will dissolve, when their pill is suspended in a glass of water, in a period of two minutes, and the substance of a 2 gr. pill in 30 minutes longer, thus presenting a more soluble pill than a ready-made Quinine Pill without coating or with gelatin coating.

TO PHYSICIANS ONLY.

WM. R. WARNER & CO.'S SOLUBLE COATED PILLS.

WM. R. WARNER & CO.'s experience of quarter century affords perfection and excellence in Pill making. These pills have stood the test of time and are kept by all leading druggists. The following special formulæ are worthy of attention:

Pil. Permanganate of Potash.

(EACH CONTAINING TWO GRAINS.) (WARNER & CO.'S.)

The Medical Profession have recently had their attention called to the successful use of Permanganate of Potash as an emmenagogue, and we have so far succeeded as to present it in pill form without decomposition, as will be seen by the development of a dark red colored solution when the pill is first dissolved in water. In this way an advantage over all other methods of administering Permanganate of Potash is gained.

(WARNER & CO.'S.)

Pil. Antidyspeptic.

Containing

Pulv. Ipecac	⅔ gr.
Pulv. Piper Nig.	1½ gr.
Strychnine	1-20 gr.
Ext. Gentian.	1 gr.

The above combination is one of Dr. Fothergill's recipes for indigestion, and has been found very serviceable. In some forms of dyspepsia it may be necessary to give a few doses, say one pill three times a day, of Warner's Pil. Anti-constipation.

(WARNER & CO.'S.)

Pil. Lady Webster.

Lady Webster Dinner Pills. This is an excellent combination, officinally designated as Aloes and Mastich, U. S. P. We take very great pleasure in asking physicians to prescribe them more liberally, as they are very excellent as an aperient for persons of full habit or gouty tendency when given in doses of one pill after dinner.

(WARNER & CO.'S.)

Pil. Ferri Iodide.

(ONE GRAIN IN EACH.)

The dose of Iodide Iron Pills is from ONE to TWO at meal-times, is recommended and successfully used in the treatment of

Pulmonary Phthisis or Consumption.	Anæmia and Chlorosis.
Caries and Scrofulous Abscesses.	Loss of Appetite, Dyspepsia, etc.

In cases where Iodide of Iron is prescribed, it is absolutely necessary for the physician who relies on the therapeutic action for beneficial results, that the compound should be perfectly protected, and so prepared as to remain inalterable.

With this important fact in view, we have devoted special study to Iodide of Iron in pilular form, and are warranted in announcing that WARNER & CO.'S IODIDE OF IRON PILLS meet all requirements, being the most perfect preparation of the kind.

WM. R. WARNER & CO.,

Manufacturing Chemists,

Sept. 1886.

PHILADELPHIA. NEW YORK. LONDON.

That the Medico-Chirurgical College has paid $50,000 for a permanent location.

That Loeflund's Cream Emulsion is one of the few things consumptives relish to the last.

That Lutz & Movius are good people to send to for new remedies.

That Reynolds' new journal is as full of good things as a Christmas stocking.

That Mitchell has dropped all the astringents from his list, and substituted Kennedy's Pinus Canadensis.

That he would not have done it if it did not give better results.

That nothing takes the conceit out of an erysipelas like Jaborandi.

That Maltine (1 lb.) will be sent free on application to any physician who has not yet become acquainted with its value.

That Snowden is one of the men with whom it is a pleasure to deal; and that his binaural stethoscope has proved a great success: at half the price of Camman's.

That Pancoast is having a royal time among the effete monarchies.

That we wish we were there, too.

That Mitchell's Coca-Bola is superseding cocaine in the treatment of the opium and alcohol habits.

That the sunken galleons at Vigo Bay are disgorging their treasures at last.

That Fougera's elegant French preparations are very popular with patients who do not like nasty doses.

That Wile has given the carbolic treatment of hydrocele a black eye.

That a bottle of Magee's Emulsion stood on our table over a year without separating or turning rancid.

That a man must mind his P's and Q's when he writes for the WORLD, or he will get snapped up pretty short on his statements.

That Farmville Lithia Water is an efficient diuretic in calculi, etc., and ever so much more pleasant to take than buchu.

That the Indiana *Medical Journal* has a live editor.

That he isn't the only live man in Indianapolis, as you will find out by writing to Lutz.

That an old druggist said to us once, that after handling every emulsion on the market, he fell back on Scott's for his own use.

That mercury is coming in again.

That the Quichua Company never fail to have a demand for their Erythroxyline, when they can get a physician to try a sample.

That the contents of Daniel's journal are no more colorless than the cover; and that it is never dull reading.

That the consumption of Poland Water as a beverage is something fabulous.

That if you haven't used Cascara Cordial, you are the only physician in over 80,000 who hasn't; so fall in with the majority and send for a sample at once.

That we would like you to give Wiley & Harris' Granulated Malt Extract a trial in corpulence. Some day we will tell you why.

That B. Keith & Co. would be pleased to have you try Avena in cholera infantum.

That you will be pleased if you do.

That somebody left a sample of Fels' Germicide Soap in our office the other day. We don't know where to get it, or how much it costs, but it is one of the best portable disinfectants for physicians' use we ever used.

That Emerson's Albumenoid Food is an ideal diet for dysentery and chronic diarrhœa.

That if you send to Wm. R. Warner & Co for pocket visiting records, formula books, prescription blanks, and samples of pills, parvules, ingluvin, etc., they will all be sent free if you express your opinion of this journal.

That Lactated Food sprang into favor at a bound; and that its effect on marasmic children must be seen to be appreciated.

That a meat diet is bad for brain-workers.

That the Braided Wire Pillow is a blessing to the fevered head.

That chloral cures all but the worst attacks of migraine.

That the Hawley Syringe is like a Turkish bath; it insures perfect cleanliness.

That tight lacing causes pleurodynia from degeneration of the unused muscles.

That the C. H. Black Co. will sell you a good rig without robbing you of a season's income in payment.

That the Lady's Syringe made by Goodyear Rubber Co. is indispensable to a lady while travelling.

That a bottle of Ominico should go in the satchel with the Lady's Syringe.

That we are told to aspirate blood from the spleen in typhoid fever, to examine it for bacilli.

That we would rather not.

That Wadleigh's suppositories are elegant remedies for the rectum, vagina and nose.

That the Electro-Medical Battery Co. would like to send you a sample battery.

That if anything makes a man tired, it is putting an Odometer on his carriage, and discovering how many miles he covers in a day.

That Beef Peptonoids and Carnrick's Soluble Food are being largely used in the forced feeding in phthisis.

That doctors should have some handy disinfectant always in their obstetrical cases.

That Colden's Liquid Beef Tonic cured a case of anæmia for us, in which we had been unable to give any other chalybeate.

That in order to hold our own in the race of life, we must be quick to avail ourselves of every possible advantage. The busy brains of our people are continually evolving new and improved methods of treating diseases. The man who does not make use of these falls behind his rivals. Consequently, it would be a wise thing for each of our readers to procure a supply of postal cards, and write to each of our advertisers who offer them, for circulars, catalogues and samples. Give each one a fair trial; and when you find an article useful, recommend it in your practice. If the specimens sent do not bear out the recommendation of the manufacturer, don't use it. The fault is then with him, and not with you or THE WORLD. But we feel very sure that among the numerous articles advertised in THE WORLD you will find plenty to repay you for the slight trouble and expense. THE WORLD advertisers are not of those who flood the market with worthless novelties which are forgotten in a day, but substantial business firms, of sterling reputation, who could not afford to recommend a thing they did not feel confidence in. When you write, always mention the WORLD, and give your opinion of it. This greatly interests advertisers, and encourages them to put forth their best efforts for your benefit.

THE MEDICAL WORLD.

The knowledge that a man can use is the only real knowledge; the only knowledge that has life and growth in it and converts itself into practical power. The rest hangs like dust about the brain, or dries like raindrops off the stones.—FROUDE.

The Medical World.

Subscription to any part of the United States and Canada, ONE DOLLAR per year. To England and the British Colonies FIVE SHILLINGS per year. Postage free.

These rates must be paid *invariably in advance.*

Notice is given on the wrapper when your subscription expires. You are invited to renew promptly, when this notice is given. This is necessary if you wish to continue to receive THE WORLD, as it is sent only as long as paid for.

We cannot always supply back numbers. Should a number fail to reach a subscriber, we will supply another, if notified before the end of the month.

☞ Pay no money to agents for this journal unless publisher's receipt is given.

C. F. TAYLOR, M. D., EDITOR AND PUBLISHER.

W. F. WAUGH, A. M., M. D.,
LOUIS LEWIS, M. D., M, R. C. S. (ENG.), } ASSOCIATE EDITORS

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PHILADELPHIA, PA.

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Addison's Disease.

There are several points in the pathology of this curious affection which have not yet been cleared up. To what is the discoloration of the skin due? Is this caused by the disease of the supra-renal capsules, or is it an accidental concurrence? If it be due to disease of these mysterious organs, is it one form of degeneration alone which gives rise to it, or will *any* supra-renal disease have the effect?

Wilks, who has written recently upon this subject, limits the designation "Addison's disease" to the tubercular degeneration of the capsules; and says, that no other form of discoloration of the skin is ever seen with it except the characteristic bronzing.

Trousseau, on the other hand, embraced under the same term all the various diseases which have been found in the supra-renal capsules, cancer, syphilis, etc., etc., as well as tubercle. He also said that other forms of discoloration of the skin, such as chloasma, vitiligo, etc., were seen as well as the bronzing described by Addison.

The question which naturally occurs, is, may not these anomalous forms of skin-discoloration be connected with other supra-renal diseases, than tubercle? May not vitiligo be connected with connective-tissue hyperplasia of these bodies; chloasma with anemia, etc., etc.?

Who is to decide this question?

That is not easy to say, for cases of supra-renal diseases are rare; and no one of us has many opportunities to study it.

Here is just where the principle of co-operative investigation comes in. Among the thousands of readers of THE WORLD, there must be many who have under observation such cases.

Why should we not settle this question? We are as capable of observing and describing a case as any German physician. Let each of us who knows of a case of bronzing of the skin, chloasma, vitiligo, or any anomalous sort, make a careful record of the case, and the results of the post mortem. If any one has not the facilities for making microscopic examinations, I am authorized to say that if they will send the organs to Dr. C. W. DeLannoy, Instructor in Histology, in the Medico-Chirurgical College, of Philadelphia, he will examine them free of charge.

The organs should be placed immediately after their removal from the body, in alcohol, diluted by adding one-half its bulk in water. The history of the case should be sent with the specimen.

The "Formulæ of American Hospitals" seem to have filled a long felt want, judging by the way they are snapped up. The matter contained is based on rich experience, and is all *alive.*

The Pacific Record of Medicine and Surgery is the latest addition to the number of medical journals. We are pleased to see it on our table.

The demand for binders has been unexpectedly large, owing to their being purchased for

use with other journals. Still, we have as yet had no difficulty in keeping up the supply.

Messrs. Seabury & Johnson have written to call our attention to the fact that they do not import Hydronaphthol, but manufacture it.

INDEX OF DISEASES.

In this index the diseases are taken alphabetically, and prescriptions embodying the latest and best treatment for each disease are given. The index will be continued from month to month until the catalogue of diseases is exhausted. Began in March number.—L. L.]

Diarrhœa.

℞ Hydrarg. perchloridi.....gr. j
Aq. cinnamomi.....ʒ viij
M. S.—One teaspoonful every hour, in intestinal catarrh of children. Especially useful.

℞ Hydrarg. cum creta.....gr. iij
Pulv. ipecac. co.....gr. vj
Sacch. alb.....gr. iij
M. Ft. pulv.

℞ Quiniæ sulphat.....gr. xviij
Acid. sulph. arom.....ʒ j
Syr. aurant.....ʒ iij
Tinct. aurant. ad.....ʒ viij
M. S.—One sixth part every three hours.

℞ Ol. ricini.....ʒ ss
Tinct. opii.....♏ xv
M. Ft. haust.

"Chlorodyne," q. s.

℞ Bismuthi carbonat.....ʒ ij
Magnes. carb. lævis.....ʒ j
Pulv. tragacanth.....ȝ j
Aq. flor. aurant.....
Syr. flor. aurant. ad.....āā.....ʒ ij
Aq. dest. ad.....fʒ vj
M. S.—A tablespoonful every four hours.

Bismuthi oxidi., gr. x, in powder.

Lime-water, for infants and children.

Glycerini acidi carbolici., ♏ viij, in water, two or three times a day, in diarrhœa from eating unripe fruits.

Acid. carbolici., gr. j, in pill, thrice daily.

Glyceriti acidi tannici, ʒ ss, in water.

Acid. phosphorici dil., ♏ xx, in plenty of water, thrice daily.

Sp. camphoræ, ♏ xx, on sugar or in milk.

Pulv. cretæ aromatici, gr. x, three times a day.

℞ Pulv. cretæ aromatici.....ʒ iij
Sp. ammon. arom.....ʒ iij
Tinct. catechu.....ʒ x
Tinct. card. co.....ʒ vj
Tinct. opii.....ʒ j
Mist. cretæ ad.....ʒ xx
M. S.—Dose, one ounce.

Cupri sulphat., gr. j, in pill, thrice daily.

℞ Ext. hæmatoxyli.....gr. x
Vin. opii.....♏ v
Vin. ipecac.....♏ x
Mist. cretæ ad.....fʒ j
M. S.—For one dose.

℞ Pulv. kino.....gr. xxx
Pulv. opii.....gr. ij
Pulv. cinnamomi.....gr. viij
Divide into eight powders.
M. S.—One powder every three hours. This is the "Pulvis Kino Compositus" of the British Pharmacopœia.

Pulv. guaranæ, gr. xxx, repeated in two or three hours if required.

℞ Ol. cajuputi.....
Ol. juniperis.....
Ol. anisi.....āā....ʒ ss
M. S.—♏ x, on sugar, three times a day.

Suppositorium morphiæ, gr. ss.

One teaspoonful of a saturated solution of common salt in apple vinegar, every four hours; very efficacious in simple diarrhœa.

Pulvis ferri subsulphatis (Squibb), or "Monsel's Iron" is very useful in chronic diarrhœa. Dose from five to ten grains.

Pulv. zinci oxidi, gr. v, in pill, thrice daily.

℞ Acid. nitrosi.....ʒ j
Tinct. opii.....♏ xl
Aq. camph.....ʒ viij
M. S.—One-fourth part every three hours, in painless watery diarrhœa.

Apple vinegar alone is recommended.

Vin. ipecacuanhæ, one minim in water every hour.

℞ Pulv. rhei. co.....ʒ j
Sodæ carbonat.....gr. xx
Tinct. opii.....♏ xij
Aq. menth. pip.....ʒ x
M. S.—For one dose.

℞ Sodæ bicarbonatis.....ȝ ij
Tinct. zingiberis.....ʒ ss
Sp. ammon. arom.....ʒ j
Tinct. opii.....♏ viij
Aq. menth.....ʒ jss
M. S.—For one dose.

℞ Aluminis.....gr. x
Pulv. kino co.....gr. v
Confect. rosæ, q. s.....
M. S.—Give in pill, to be repeated every six hours, in atonic diarrhœa.

Liq. arsenicalis (Fowler's), one or two drops in water before each meal, in chronic persistent diarrhœa.

Liquid extract of Bael is useful in simple diarrhœa, a teaspoonful, night and morning.

℞ Bismuthi subnit.....gr. v
Morphiæ sulphat.....gr. ½
M. S.—Three or four times a day, in chronic diarrhœa.

Calcis phosphat., one or two grains, three or four times daily, is useful in chronic diarrhœa.

Ounce doses of infusion of catechu are serviceable in non-inflammatory diarrhœa.

℞ Fl. ext. coto bark.....
Tinct. card. co.....ää.....ʒ ij
Muc. acaciæ.....
Syr. simpl.....ʒ ss
Aq. cinnamomi ad.....ʒ viij
M. S—A tablespoonful every three hours.

℞ Creasoti.....♏ ij
Sp. ammon. arom.....♏ xv
Aq. dest.....ʒ jss
M. S.—For one dose.

℞ Cupri sulphat.....gr. ss
Pulv. ipecac. co.....gr. vj
M. S.—Make a powder, to be taken thrice daily. Very useful in diarrhœa of phthisis.

Tinct. gallæ, ʒ j, ter die, in painless diarrhœa.

Zinci oxidi, gr. v, in pill, thrice daily.

℞ Ferri et potassi tartratis.....ʒ ss
Tinct. opii.....ʒ ij
Aq. cinnamomi.....ʒ jv
M. S.—One tablespoonful, in water, night and morning.

Cold water enemata sometimes do good.

℞ Acid. hydrochlorici dil.....ʒ j
Tinct. nucis vomicæ.....♏ xlviij
Aq. menth. pip.....ʒ viij
M. S.—Two tablespoonfuls thrice daily, in nervous diarrhœa.

℞ Chloroformi.....♏ viij
Tinct. camph. co.....ʒ ij
Ol. ricini.....ʒ iij
Mucilag. tragacanthæ.....ʒ iij
M. S.—To be taken immediately, in choleraic diarrhœa.

"Nothing is clearer than that the merciful Creator intends to blind most people as they pass down into the dark valley. Without very good reasons, temporal or spiritual, we should not interfere with His kind arrangements. It is the height of cruelty and the extreme of impertinence to tell your patient he must die, except you are sure that he wishes to know it, or that there is some particular cause for his knowing it. O. W. HOLMES.

DR. J. P. WILSON, of Pontiac, Mich., says:—"THE MEDICAL WORLD is just what we want, to keep from rusting out."

The Current Medical Thought.

Accidents by Railway.

The gravity of lesions resulting from railway accidents depends largely on the rate of speed at which the train is traveling at the moment of collision. In all cases, whether the shock comes from before or from behind, the travelers are precipitated towards the engine. Consequently, those who are seated facing the engine are violently thrown against the seat in front of them, or against the fore part of the carriage; whence the frequency of injuries to the head or limbs, and comparative immunity from injury to the spine. On the other hand, people who have their backs to the engine have their spinal columns exposed to the concussion; and these cases usually sustain the graver injuries, as inflammation of the spine or brain may ensue, and later on, paralytic affections of the limbs. When the shock comes from behind the train, these effects are inversely produced, those who face the engine receiving the shock in the back and consequent cerebro-spinal injury.

Pilocarpine in Puerperal Eclampsia.

Evidence accumulates in favor of this treatment. One-third of a grain injected hypodermically, every six hours, is the average dose. If pilocarpine cannot be got quickly, give a teaspoonful of the fluid extract of jaborandi, in *hot* water.

Washing out the Bladder.

This may seem like a very simple process, yet there is no operation in surgery which requires greater delicacy. I have never as yet met with a nurse to whom I would entrust this task.

In order to obtain benefit in chronic cystitis, the operation should be performed twice a day. The apparatus needed consists of a fountain syringe, a velvet-eyed, soft rubber catheter, open at the ends, and a double stop-cock, by which the current may be turned into the bladder or shut off at will.

The Davidson Company make the best catheters for this use. They have the smoothest surface, and can be introduced more readily. Most of the other makes get thick and sticky. The fault of the Davidson's is that they soon begin to split.

The solution used should not be too hot nor too cold, 100° is the point which should be aimed at, but as the long gum tube of the syringe permits some cooling of the liquid, it should be a little warmer when put in the reservoir.

Whatever medication is used should not be

too strong. It is better to use plain water at first, adding medicinal agents cautiously. The most soothing and generally useful solution I have ever used is made by adding an ounce of the distilled extract of hamamelis to a quart of water.

The fountain having been filled, the patient should lie down, and the catheter, well oiled, should be passed gently *to* the bladder, but not *into* it; the instrument stopping the moment the urine appears.

While this is discharging the operator may open the valve and allow the fluid which has cooled in the syringe tube to flow off. This prevents air being injected into the bladder, an accident which would be most unlucky. It is best not to let the bladder empty itself completely, but to connect the tube with the catheter, and let the solution at first mingle with the urine. By letting an ounce flow in, and the same amount run out, the urine is gradually replaced by the fluid. The moment the patient complains of pain the operation must be stopped. On no account allow the viscus to become distended.

It is rarely proper to have the reservoir elevated more than six inches above the level of the bladder. If the patient is perfectly comfortable the washing may be continued until the fluid returns perfectly clear.

Should there be any difficulty in introducing the catheter, inject a little warm castor oil into the urethra, and let the patient draw up his knees; when the instrument will enter readily.

It is doubtful if any other effect can be procured from medicated fluids than from pure water, or the hamamelis.

I have some faith in a mixture of one part tincture of iodine with three parts of phenol sodique (not the imported), of which five drops may be added to a quart of water, and gradually increased if well borne.

Adenine.

A new base named adenine has been discovered in the human spleen and pancreas, which is identical in composition with hydrocyanic acid, though different in its chemical properties. It is the result of the decomposition of an albuminoid substance—nucleine—which constitutes all cellular nuclei. Nucleine consists of adenine, albumen, and phosphoric acid. Thus the most highly organized cells manufacture poisonous substances, and their nuclei and protoplasm even have a groundwork of poisonous molecules. The same adenine, extracted from the human spleen, has produced death in guinea pigs, when injected under the skin. Adenine is stated to be present in all vegetable and animal cells, but is easiest obtained from the spleen and pancreas.

Substitute for Circumcision.

Take a pair of self-holding forceps, whose blades expand when the handles are compressed; pass the point down to the bottom of the prepuce, between it and the glans. Be careful not to get it into the urethra. Then expand the blades forcibly until they are separated about half an inch, and withdraw the instrument. The effect will be to tear the mucous membrane, the skin stretching. You can then push back the prepuce, uncover the glans, and cleanse the cavity of smegma. If there be any adhesions between the glans and foreskin tear them up with the end of a probe. The prepuce must be retracted and the parts washed every day for a week; a soothing ointment being used if necessary.

The results of this operation are perfectly satisfactory. In the last five years we have performed it in many cases, and have never known it to fail. We have learned to look upon the old operation of circumcision as barbarous and unnecessary. Not more than six drops of blood are lost in the dilatation, and retraction occurs to a proper extent. If cocaine be used, the operation is rendered perfect, being simple, easy, safe, painless, bloodless and efficient. The originator is Professor William S. Stewart.

Nitrate of Silver in Whitlow.

I once was called upon to treat two cases of whitlow in the same family. They were as near alike as possible. One I treated with poultices, etc., and in the other case I painted the whole surface of the first joint of the finger with the solid stick of nitrate of silver. A hard crust was formed, which had to be removed to give exit to the pus. Both suppurated, and discharged; but the pain was far less in the one to which I had applied the silver. The latter was well in three weeks; the other required over six weeks. W.

"Hypnotism."

"Hypnotism" is a peculiar nervous condition, affecting the cerebral and spinal centers through the medium of the sensitive peripheral nervous system. All the phenomena of hypnotism have their origin in a spontaneous or evoked modification of special or general sensibility. The skin, mucous surface, organs of sight, hearing, smell, taste, and "muscular sense" are the media of hypnotic manifestations. In a hypnotized subject, physical agents such as light, sound, odors, flavors, contact, secondarily produce unconscious phenomena identical in their

external manifestations with the conscious or reflex acts observed in the physiological state. The idea of sleep, whether arising "*per se*," or suggested by another is sufficient to produce a hypnotic state. Whichever way produced, hypnotism presents three phases, *somnambulism*, *catalepsy*, and *lethargy*, each of these having distinct and special characters, though each is capable of presenting some of the characters of the others; thus we have a somnambulo-cataleptic, a catalepto-lethargic state, etc.

Somnambulism is characterized by the fact that the subject executes all the acts commanded him, and all his faculties (excepting spontaneous will) appear to be more active and capable of development than in the waking state. In *Catalepsy*, the organs of some may remain open to external impressions, but to a far less degree than in the somnambulic state. On the other hand, the muscular sense is well developed in catalepsy, and the contraction of a muscle or set of muscles, however produced, is sufficient to develop the idea in the unconscious brain. In this case, the subject is a passive but intelligent automaton. In other cases the subject is simply a machine. In cataleptic states, the respiratory movements are markedly weak and slow. *Lethargy*, or the lethargic state is apparent death: the limbs are absolutely fixed, and the organs of sense are dead to all impressions. The heart-beat and respiratory movements are regular but quite weak. In all three phases of hypnotism, sensibility to pain is lost; there is a state of complete anæsthesia, but general sensibility remains, in a modified degree.

Iodol.

Iodol is a combination of iodine and pyrol, a substance furnished by the distillation of animal oil (Dippel), or more economically, from ammoniacal salts. Iodol is a white, inodorous powder, affected by light, and very soluble in alcohol, chloroform and ether, but only slightly so in water. It contains about 80 per cent. of iodine, and has advantages over iodoform without its disagreeable odor: is more anæsthetic, and more antiseptic, and has a more rapid action on ulcerated surfaces and rebellious sores. Its applications and uses are numerous in diseases of the eye, producing excellent results in blepharitis, scrofula, and lymphatic affections of the conjunctiva, granular conjunctivitis, corneal ulcerations, and diseases of the lachrymal apparatus. Iodol is employed in powder, like iodoform, or in a formula with equal parts of vaseline, or in alcoholic solution as thus: iodol, gr. xv, alcohol, ℥ ss, glycerine, ℥ j. At present, iodol is unfortunately very expensive.*

* Wm. R. Warner & Co., 1228 Market St., Philadelphia, quote Iodol at $1.65 per ounce.

Acute Rheumatism.

If you wish to impress a new patient favorably by giving relief quickly, give salicylate of soda, ℥ ij daily.

The best results as to preventing heart diseases are obtained by using the alkaline treatment, giving ℥ j carbonate of potash daily till a decided remission occurs; then diminishing the dose one-third each day till it can be omitted entirely.

Iodide of potassium is of particular value when an acute attack has spent its first force, but threatens to become chronic. Give ℥ ss to ℥ j daily.

If the disease lingers in a single joint, wrap it in flannel soaked in cod-liver oil.

Remember that stiffness of the joints remaining may be due to disuse; and massage will be needed, as it is after a fracture. Knead the muscles well, and bend the joints forcibly in every direction, then rub well with hot camphor liniment, and the joints will soon become supple.

The Medico-Chirurgical College.

The accession of Profs. Pancoast, Atkinson, and Shoemaker, has drawn general attention to the work which this institution has been doing since its opening in 1880. The hospital attached to it has been the scene of some of the most brilliant and successful surgery ever performed in America. There alone has the body of the sphenoid bone been removed by the surgical engine. This operation was performed upon a lady from North Carolina, and was successful. The substitution of epithelium scraped from a horse, for skin grafts, in the treatment of ulcers, has been extensively tried, with success.

Treatment of a Sprained Ankle.

"I'd be better pleased to hear you say it is broken!"

This is about the usual impression, when we announce that our patient has a sprained ankle. And very justly, too, for as usually treated the sprain does not get well in as short a time as a broken bone. In fact, a good many sprains never get entirely well, but the member remains for the rest of one's life in a weakened condition, and liable to give way at any excuse.

The other day we started across the cobblestones in a hurry to catch a street car, whose conductor was enjoying his usual siesta. We had almost caught it, when our ankle got a wrench —the ankle we sprained in the same manner during the Centennial which has never been very strong since. It may be that one reason for the poor results in these cases is that the tendinous structures are scantily supplied with

blood vessels, and hence the healing process is tedious and imperfect.

But is it not rather that we do not pay much attention to them? "Only a sprain," is too often the signal for the brief direction, "Bathe the foot in cold water, and rest it for a few days." We now treat sprained ankles just as we do broken ones. We put the member up in splints, and leave it there from three to six weeks; and we have much better results since we adopted this method. For the first few days we apply Hewson's earth treatment, until all inflammation has subsided. Then we apply one of the perforated copper splints said to have been designed by Dr. Levis, of this city. In hot weather they are a genuine comfort; being cool and light, yet firm enough for safety. Other advantages they possess are their flexibility, which enables them to be easily bent to fit any limb, and finally their cheapness. Then the perforations allow secretions to drain off, and lotions to be applied without disturbing the dressing.

If patients are assured that a sprain is by no means a trifling matter, and may entail permanent weakness, they will generally be found willing to have their case treated properly, even if it involves a little more time and expense.

Novel Treatment of Warts.

"Thuya occidentalis" (arbor vitæ) is credited with the remarkable property of causing the disappearance, in a very short time, of all kinds of vegetations and warty growths, by its internal administration. Many successful cases are reported by French physicians; in fact, it is said to seldom or never fail. It is given in the form of tincture, from ℥ ss to ℥ j, two or three times a day. Its action is regarded as quite phenomenal, in this direction. Among others, Dr. Constantin Paul reports the cure, within fourteen days, of non-syphilitic warts which covered the genitalia of a woman. It is said to be equally serviceable in the case of condylomata and other similar growths.

Permanent Drainage in Ascites.

A fierce controversy is being carried on between Drs. Eliot and Taylor, in the *Virginia Medical Monthly*, upon the question of who first introduced permanent drainage in ascites. Dr. Taylor reported his case in May, 1885; the operation having been performed some months previously.

Dr. Eliot's first operation was performed August 2d, 1880, but he did not publish a report of it until after Dr. Taylor's article had appeared in print.

Dr. Cailli reported his cases in 1886; one having been operated upon four years before.

Eliot quotes Peàn as having antedated all parties, by a list of fifty-seven operations, during a period of twenty-one years. It appears, however, that Peàn's cases were of fluid abdominal tumors which could not be removed; so that they cannot be brought into the present question.

It is probable that many others have made the same experiment, but the disease causing the ascites usually ending fatally, there has been little inducement for the experimenters to publish their results. I count myself among the number. In April, 1882, before any similar case had appeared in print, I was called upon to attend a case of general dropsy dependent upon cardiac disease; for which paracentesis abdominis was performed many times. Getting tired at the increasing frequency with which the operation was demanded, my patient requested me to leave the tube in place. I accordingly procured a trocar, the size of a knitting needle, with a well-fitting silver canula. Inserting this in the usual spot, I withdrew the trocar, and attached to the canula an elastic tube which conducted the liquid to a receptacle placed beneath the chair.

For six weeks the patient retained this canula, when it became occluded by masses of lymph which collected on the peritoneum about the puncture. The canula was then withdrawn, and reinserted lower down; and worn till the death of the patient some weeks later. To the day of her death the lady blessed the little contrivance for the comfort it brought her. That it in any way delayed the march of the disease, other than by the comfort experienced, I do not for a moment claim. But in ascites from cirrhosis, or from local non-incurable disease of the peritoneum, much more valuable and lasting effects may be hoped for.

In support of this view, I notice in the *British Medical Journal*, the history of a case of ascites which had been tapped by Mr. Bristowe, and remained comparatively well during seventeen years, subsequently. From the history I infer that the case was one of chronic pleurisy with consequent disease of the heart and liver.

W. F. W.

Tincture of iodine has been found useful in the treatment of malarial fever, acting as an efficient and cheap substitute for quinine. Five minims, with a like quantity of tincture of iron, in an ounce of water, may be given three or four times in the day. The spleen rapidly returns to its normal condition under this treatment; and malarial headache seems especially benefited by it.

Secure a WORLD Binder, you will not regret it.

Sal Alembroth.

Lister has given up the old antiseptics for a new one, supposed to be sal alembroth. This is prepared by subliming a mixture of bichloride of mercury and chloride of ammonium; the product being an exceedingly soluble mixture of the two salts. It was known to the alchemists, but has not been used in modern times. The dressings are soaked in a one per cent. solution of this salt, and then dried. A solution of aniline blue is also used to color the dressings; an alkaline discharge destroying this color, and enabling the dresser to see at once where the discharge has occurred.

The name is all that is novel to American physicians in this matter. Several years ago Messrs. John Wyeth & Bro., of Philadelphia, prepared these two salts in the form of tablets, at the suggestion of Dr. C. M. Wilson. These have been very generally used by the profession, and it is not unlikely that from them Lister derived the idea.

Antiseptic Treatment of Carbuncle

is suggested by the recent discovery that the disease is due to the evolution of a microbe. When the lesions are already deep, or if subcutaneous abscesses have formed beneath the site of the carbuncle, surgical interference becomes of course necessary in order to attain complete disinfection; but when the parasite has not yet penetrated or invaded the deeper tissues, its further progress may be arrested by timely antiseptic treatment: A solution of corrosive sublimate, 1 in 1000, may be sprayed onto the morbid surface, whilst gentle pressure is employed around the carbuncle, to bring to the surface any pus that may be there. Afterwards a paste of boric acid may be applied over the whole diseased surface, held "*in si û*" by salicylic cotton and an antiseptic band. This treatment is especially applicable to carbuncle of the lip, a not uncommon malady; the pain and tension rapidly subside and the patient will convalesce in less than two weeks, in ordinary cases.

Chronic Dysentery.

In a case of chronic dysentery with ulceration above the sigmoid flexure, we have tried naphthalin as recommended in Russian medical circles, but found it useless. Notwithstanding the disgusting taste, the patient took it even to the amount of eighty grains per day.

Of all remedies used in this case nothing gave the relief obtained from hydrastis internally, and injections of hot water.

A teaspoonful of equal parts of castor oil, glycerine and sherry, shaken together, provides an efficient purgative in diseases of children.

A New Anæsthetic.

Experiments have been recently made in several parts of the country with a new local anæsthetic known as German water-gas. It is a substance which, from the published accounts, acts by freezing the part: and it is not likely that its effects differ from those obtained by freezing with the means already at our disposal; unless, it may be in the rapidity with which the object is accomplished. From the statements that while anæsthesia was perfect, the member could still be moved and was under the control of the will, and further that no ill effect, except blistering, follows its use, we must dissent. It is not reasonable; and until vouched for by competent authority after extended trials, we cannot credit such remarkable statements.

Paraldehyde in Insomnia Following a Prolonged Debauch.

In this case we were in something of a dilemma. He suffered frightfully for two weeks after a spree. Opium only kept up the appetite for liquor, chloral substituted a worse habit, and lupulin he could not take in sufficient doses.

The first night we gave him nearly two drachms of paraldehyde. The effect was charming—perfect rest, with no after-effects. For three nights subsequently he took one drachm nightly, and then discontinued the remedy, being since able to sleep without it. The taste of the drug is its only drawback, the pharmacists as yet not having found an excipient which will render it acceptable.*

Jaborandi in Erysipelas.

We have given jaborandi a trial in erysipelas, as recommended in THE WORLD recently.

Result: Never before in our professional life have we witnessed such a powerful effect for good in this disease from any remedy! The first dose dissipated all our fears for the patient's safety. While the disease showed a tendency to spread whenever the jaborandi was suspended, even jumping over a circle of flexile collodion (which will only occur in bad cases), the moment the remedy was resumed, the disease was checked.

We found it advisable to combine digitalis and quinine with the jaborandi after a few days, as the patient's heart showed symptoms of weakness. Of three cases of facial erysipelas treated at the same time one died, and the second was double the time in recovering which our case required.

*Bullock & Crenshaw, Philada., quote paraldehyde at 30 cts. per oz., or $3.25 per lb.

Rare Form of Remittent Fever.

A gentleman was suddenly seized with symptoms of compression of the brain. He was totally unconscious, with slow breathing, pulse so feeble that his physician dared not bleed, and cold extremities. In a few hours he recovered consciousness, and had no signs of paralysis. He remained feeble through the next week, and his temperature ranged during this time from 96° to 98°, at no time reaching the normal point. On the seventh day he was seized with an attack similar in all respects to the first, and one week later a third seizure was experienced. Quinine was now given in large doses, and no further return occurred.

Directions for Syringing the Ear.

1. Don't do it; unless to remove cerumen or foreign substances.
2. Use warm water.
3. Use a Davidson syringe. (We say 'Davidson' because we know no better name for the ordinary family syringe now used. Of course we do not mean to specify Davidson's make any more than Mattson's, &c.)
4. Be gentle.
5. Dry the ear thoroughly after you are through.

To make salicylic cotton for uterine purposes; dissolve 150 grains of salicylic acid in three ounces of rectified spirits, and add fifteen drops of glycerine. Saturate three ounces of purified cotton in this solution, squeeze it out, dry it, and preserve in stoppered bottles.

Make the Office Bright.

It will bring us in many extra dollars, to keep an attractive office. Only a few days ago a lady paid me a compliment, by saying my "office did not look like an office; but more like a parlor." This is what we all should wish. Make the office look as little like an office as possible; keep all appliances out of sight. Many a timid patient has been frightened out of a dental office by seeing instruments lying about. Have plenty of bric-a-brac around to attract the patient's mind, as far as possible, from the operation. Cheerful reading matter, pictures, flowers, etc., all have a pleasing effect in that direction.—*Items of Interest.*

[We once entered a doctor's office. Dark paper covered the walls. The paint was dark. Dusty books, grim cases of instruments, a few bottled specimens, a skull, and a hideous papier-mache ear, of heroic dimensions, constituted the decorations. One window gave light, and this was obscured by heavy maroon curtains. The doctor was a tall, grave, spectacled gentleman, with deep-set eyes, which never smiled. To crown all a huge *owl* occupied a cage in a dark corner, and hooted cheerfully on our entrance. Now I knew that man well, knew him for an upright man and a physician of unusual skill; but I tell you, when I got out of that office I felt as if I had escaped from some deadly peril. And yet I am by no means timid. I have faced the 'dweller within the threshold' without fear.

I longed to say to the doctor, "Get some whitewash on these walls, throw away those horrible bottles, cover up your knives, tear down those curtains and let God's sunlight in, take down the anatomical chromos, and put up some prints of horses or French actresses, and kill that owl! Then meet your patients with a happy face, and they'll be glad they came."—Ed.]

Fish and Leprosy.

Hutchinson, in a lecture published in the *Medical Press*, calls attention to the close connection between leprosy and a fish diet. The most striking instance given is that of Spain, where fish is eaten from religious motives, and yet is very hard to obtain. Consequently large quantities of Norwegian cod are used, from Bergen, where leprosy prevails to a greater extent than anywhere else in the world.

[Query. How about Norwegian cod-liver oil?—Ed.]

Quinine in "Colds."

Dr. Burnet, in the *Med. News* punctures the fallacy anent breaking up colds with large doses of quinine. This drug should never be given where congestion about the head or ears exists. The patient is made more uncomfortable by the use of quinine, and it may induce profound congestion and a permanent lesion in the cochlea and auditory nerve.

[We have a patient who has been deaf for twenty years, as the result of one heroic dose of quinine.—Ed.]

Dr. Fabrique's estimate of the new antipyretic was fast approaching enthusiasm, when he discovered that antipyrine was formed by heating methyloxychinizen with an excess of phenylhydrazin at 170 C., producing dimethyloxychinizen. Since his discovery he is involved in deep meditation and profound scepticism, and further interrogation concerning the potency of antipyrine only elicits a negative exegesis, which induces him to bear these ills he has, rather than to fly to those he knows not of.—*K. C. Med. Index.*

Tyrotoxicon.

Professor Vaughn, of the Michigan University, states that he has discovered in cheese a new poisonous principle which he calls by the above title. It is either a ptomaine or an analogous body. It is also found in decomposing milk and cream. The symptoms produced by this agent are vomiting and purging, which are severe, and may last several hours. The substances ejected are frothy. Pains in the abdomen, aching bones, muscular soreness, lumbar pain and headache attend. Sometimes there is also numbness, vertigo and loss of consciousness. The tongue becomes dry and cracked; the throat œdematous; spasm of the voluntary muscles sometimes occurs. The temperature and pulse are but little affected. These symptoms are followed by prostration, somnolence, irritability of the stomach, anorexia and inability to endure the direct rays of the sun. The administration of tyrotoxicon to dogs and cats produces like symptoms. He believes that he has discovered a cause of cholera infantum, etc., in this substance.

It will be seen, however, that in some most important particulars the symptoms detailed above are not those of cholera infantum. The temperature and pulse are notable examples of this distinction.

It has been surmised that this discovery may account for the unusual prevalence of ice cream poisoning during the present year. This, we think, is a mistake. Though tyrotoxicon is a new discovery, it is not a new substance; and hence the fact that ice cream poisoning is of *unusual* frequency leads us to look for some other cause. This may perhaps be found in the fact that the use of gelatine in ice cream has only recently become general. How this substance acts under the influence of freezing, perhaps repeatedly, is as yet scarcely known.

Cocaine for Epithelioma.

I applied a twenty grain solution of cocaine as a local anæsthetic to a small epithelial growth on the face. In a few minutes the parts were not only exsanguine, but friable. I reapplied the cocaine on cotton, leaving it about thirty minutes. At the expiration of that time the diseased mass fell away with the slightest touch of the curette, leaving a healthy-looking surface, which has healed kindly.—*Gilliam* in *Medical Reporter.*

October brings us chills and fever,
Congests the spleen, tears up the liver,
Transfers our ducats to the Doctor,
Who tells THE WORLD how "Quinine knocked 'er."
—*The Office Boy.*

Insomnia.

O God of Mercy, give me sleep,
And let this weary brain have rest!
Send down Thy white-winged doves of peace,
With comfort for this troubled breast.

O throbbing brow! O beating heart!
O pulsing veins be calm and still!
O tensing nerves relax thy strain,
And fight no more this struggling will;

O floods of thought that fill my brain—
That threaten to engulf my soul;
O waves of words that swell and flow,
On ebb-tides ride and backward roll!

O restful slumber, now, I pray,
Come where sad vigils lone I keep;
These lifted eye-lids, let them droop—
O God of Mercy, give me sleep!

John Wentworth in Good Housekeeping.

Hot Water in Gonorrhœal Ophthalmia.

Dr. Fryer of Kansas City recommends hot water at a temperature of not less than 140°, and as much higher as can be borne, in this affection; and claims that it lessens the swelling and cuts short the attack more quickly than cold water. It diminishes the occurrence of ulceration of the cornea, and if it has commenced it is less likely to progress, and the amount of cicatricial tissue is lessened. Pain and photophobia are diminished by hot water.—*Weekly Medical Review.*

[In a table published in last month's WORLD it will be seen that hot water was not the least effectual injection in gonorrhœa, while bi-chloride of mercury in hot water gave the best results of all. Would not the same result hold good in gonorrhœal ophthalmia?—ED.]

Linseed Oil in Pruritus.

A writer in the *Boston M. & S. Journal* is responsible for the statement that the free local use of linseed oil gives complete relief when all other remedies fail.

[A patient on whom we had tried about a dozen sure cures without affording any relief, told us that the only way he could obtain sleep was by applying *saliva* liberally to the itching surface.—ED.]

"In cerebral exhaustion, active muscular exercise in reasonable amount and variety may be allowed and enjoined; in spinal exhaustion relative and in some cases absolute rest is demanded, or only passive exercise for a shorter or longer time, as may be according to special peculiarities of the individual."—*Geo. M. Beard, M.D.*

Heredity.

The notion of equal capacities of goodness in all persons is contradicted positively by the facts of heredity, which prove plainly that men are born with all degrees of moral capacities and incapacities, and some of them destitute in that respect; just as they are born with all degrees of intellectual capacities, and some of them with none at all. Moral idiocy is no less certain a fact than mental idiocy. As no one can by taking thought add one cubit to his bodily stature, so no one can by taking thought add one cubit to his natural mental stature. Everybody testifies of his forefathers in the potentialities and dispositions of his mind as certainly as in his bodily potentialities and dispositions; and it is no more possible to obtain grapes from thorns, or figs from thistles, in the moral than in the vegetable world. An amiable belief in innate human goodness ought not to prevent a prudent person from marking with a blank note of interrogation the most seemingly virtuous person whose breed is morally bad; for it is only too probable that the stream of a fit of temptation will reveal the fundamental flaw in his nature. —MAUDSLEY in the *Journal of Heredity.*

[We must dissent emphatically from the doctrine expressed in the above. What! Can a man add nothing to his mental stature by his own efforts? How can we know what are a man's possibilities except by observing what he makes of himself; and can we ever say of any one that he has reached the utmost bound of his possible development? And as to the question of the badness of a breed! When we consider how many ancestors a man has had, since the days of Adam, each generation gathering up its share of the heritage of good and ill to be showered on one's devoted head, if we consider a man only as a heritor, how can we say that any possibility of good or ill, of mental grandeur or mental turpitude, may not show itself in him?

It is in rare cases only, that inheritance can be traced beyond two or three generations. And in any case, it is rare for the immediate descendants to show in any marked degree the traits of their eminent fathers.

The instances of the Pitts in England, and of the Adamses in America, stand almost alone; while nothing is more certain in history than that genius springs from the most unexpected sources. If one inherits from *all* his predecessors, we can deduce *any thing* as possible through heredity, and thus the argument destroys itself. —ED.]

Hay Fever, the London *Lancet* says, has in cases well examined, proved curable by the cocaine treatment, even where symptoms of an asthmatic type prevail.

Ophthalmia Neonatorum.

Dr. Williams, in the *St. Louis Med. & Surg. Journal* gives his treatment as follows:

The eye is cleansed with dry rags; both lids are completely everted and so held that they come together and completely cover the ball so that none of the medicine used can touch the cornea.

Then the everted lids are brushed over with a solution of nitrate of silver (twenty to thirty grains to the ounce), until the entire conjunctival surfaces are decidedly whitened by the caustic; then the whole is washed off freely and promptly by causing warm water to flow over the lids. If strings of mucus stick to the lids, they should be removed, and then the lids are allowed to turn down. This treatment is repeated once a day.

A strong solution must be washed off immediately; a weak one may be allowed to remain longer. He has never yet lost a case if ulceration has not already begun when the treatment is commenced. Even then the ulcers begin at once to heal.

[It is a good thing to prevent the ophthalmia by curing the mother's leucorrhœa before the child is born.—ED.]

Malpractice in Berlin.

A Berlin physician has been condemned to two months' imprisonment. He scraped the uterus with a sharp spoon and injected liq. ferri sesquichlorid. The patient died of peritonitis, and on autopsy several holes in the uterus were found, through which the iron had passed into the abdominal cavity.—*Med. and Sur. Reporter.*

[Where did that man get his medical education.—ED.]

Hydrogen Peroxide in Chancroids.

Hydrogen peroxide, lauded in the treatment of chancroids, has had a fair trial at my hands, and is a miserable failure. I first tried it in several single chancroids; in each case it failed, and carbolic acid succeeded fully. Finally I secured a girl with twenty-one chancroids. Ten of these were treated with hydrogen peroxide every second day, and the rest were burned once with melted crystals of carbolic acid. In ten days the latter were well, while the others were only slightly improved.—DR. PERRY, in *Atlanta Med. & Surg. Journal.*

A Japanese newspaper says the disease called "kakke," hitherto supposed to be wholly Oriental, has appeared in San Francisco and Philadelphia, and that physicians in those places have applied to Japan for advice as to the methods of treatment.—*San Francisco Bulletin.*

Can a Male Bear Children?

It is well known that an impregnated ovum sometimes falls into the peritoneum, attaches itself to the serous membrane, draws to itself a supply of nutriment, and develops there. Since this does not necessitate the employment of a structure distinctively feminine, the following questions propose themselves:

1. Does the stimulus causing enlargement of the vessels bearing blood to the point of attachment reside in the mother or ovum? Presumably in the latter.

2. Is there anything in the nature of the female peritoneum that renders it more fit than its male analogue for furnishing nutriment to an attached ovum? Presumably not.

3. Is there anything about the female system in general that renders it alone capable of supplying this nutriment? Presumably not.

4. If under favorable circumstances impregnated ova were to be introduced into the male peritoneal cavity, is it not possible that they might attach themselves and proceed to a viable stage of development? Logically, yes.

5. Could not the young of one animal be thus grafted upon a different species, and prove to an over credulous world that the nervous influences of a mother are without effect upon the physical development of the progeny?—*Medical Age.*

[This would seem to open a way to supply a long-felt want—on the part of our wives—to make *him* "have just one baby, so that he would know how it feels."—ED.]

Ergot in Gleet.

Dr. J. Harvey Craig reports in the *Medical Age*, that he has had good success in many obstinate cases of gleet, by using ergot as an injection. He used the normal liquid, diluted with four times its bulk of distilled water. The injections were made but once a day.

[In chronic gleet where the mucous membrane is in a state of relaxation, we can readily conceive that ergot might be of use. But would not a soluble bougie containing ergotin be preferable? ED]

Asphyxia Neonatorum.

Dr. Sharp, in the *Med. Record*, writes of his success in resuscitating children apparently still-born, by lowering the head and elevating the feet. He attributes his success to the fact that the blood was carried to the brain by the force of gravity.

[Has any one ever tried swinging the child around by the heels, as is done sometimes in chloroform narcosis with such good effect?—ED.]

Nitrate of Silver in Swelled Testicle.

At the Lock Hospital, Liverpool, the following method has been in use since 1869; each successive surgeon adopting it in preference to all others.

The affected testicle is painted with a solution of nitrate of silver, two drachms to the ounce of distilled water. Strict rest in bed is enforced, and the inflamed organ supported on a small pillow. Sometimes a second painting is necessary.

The immediate relief of pain is marked. In a few days the testicle returns to its normal size.—*Lancet.*

[Since seeing the above we have had an opportunity to try it, and can fully substantiate all that is said in favor of the method. The inflammation was jugulated; the next day the testicle could be handled with scarcely any more pain than the unaffected one, and the patient felt so well that it required an exercise of authority to keep him in bed for the three days.—Ed.]

Prairie Itch.

Dr. J. B. Jones, in the *Kansas City Medical Index*, identifies the prairie itch as the "prurigo of Hebra," a disease once thought to be found only in Austria, but now known to be generally diffused.

He says it is doubtful if the disease ever assumes as severe a type as on the wide, bleak prairies of the West.

Pneumonia.

Six out of ten cases of acute pneumonia, in persons of previously good health, between twenty and fifty years of age, may be reasonably expected to die under the following plan of practice, viz.: treating them from the start with twenty grains of quinine daily, fℨ ss of whiskey every two hours, and a quarter of a grain of morphine every six or eight hours. If any recover under such treatment it is probably due to the large hot poultices applied to the chest.

Eight out of ten of the same cases will recover if before the third day a few ounces of blood be drawn, from the arm in stronger patients, by cups or leeches in those of less vigor; a decided purgative dose of some mild saline, a saline diaphoretic every two hours; in the most violent cases, in patients of average constitution, $\frac{1}{16}$ to $\frac{1}{12}$ gr. tartar emetic every four hours during the first few days, not allowed to cause gastric distress; a warm poultice being kept over the whole front of the chest, till the worst is over.—HARTSHORNE in *Med. & Surg. Reporter.*

Injurious to the Teeth.

Touching upon an item in THE WORLD in August, *Items of Interest* has the following:

Isn't it time some of our old notions were corrected? Take the above.

1st. Do any of the mineral acids produce caries? We know this has been long a popular notion; but we think close observers will find they do not. They only soften the fibers.

2nd. There is nothing in measles or scarlet fever to destroy the teeth, though these and most other diseases so vitiate the secretions of the mouth as to invite fermentation of vegetable acids; and the fermentation may injure the teeth. This follows by the degeneration of starch and sugar.

3rd. Acid dyspepsia is almost universally looked on as a cause of caries; though many who are troubled by this disorder for years have good teeth. We were terribly afflicted with it for twenty years, yet never lost but four,—third molars,—during all this time, and these decayed while coming in. If the saliva is alkaline or even neutral, as it is in its normal condition, eructations of acid or acid gases from the stomach will not produce caries.

4th. What nonsense to suppose caries in pregnancy is caused by the demand for bony constituents for the growth of the child. The teeth are not bones; they are of the dermoid membrane. As well may we talk of abstracting bone from the hair, nails, and skin. We grant there is lime in them, but by what process can this be dissolved out of the body of the tooth and carried into the circulation? And if we suppose it taken from the surface of the tooth, how is it taken from thence into the circulation? But even this abstraction of lime would not cause caries; the result would be only a softening. It is the degeneration of the organic substance of the tooth that causes caries.

[Why shouldn't the lime be taken from the surface of the tooth and into the blood by the saliva?—Ed.]

Leudet's Treatment of Delirium Tremens.

He long since gave up opiates, and since doing so the mortality fell from sixteen to six per cent. At the beginning he uses an infusion of quinquinia (gr. lx—xc to the pint), which is given freely. Chloral and the bromides are valued highly.—*St. Louis Medical and Surgical Journal.*

Convulsions may frequently be cut short, like magic, by turning the patient on his left side. The nausea as an after effect of chloroform or ether narcosis may generally be controlled in the same manner.—*St. Louis Med. & Sur. Jour.*

Carbolic Acid for Goitre.

In many cases both private and public, I have not met with one case which has not been materially benefited by the treatment with injections of carbolic acid, and in almost every case a cure has resulted. It has been the custom to inject twenty to thirty-five minims of a five per cent. solution of carbolic acid once or twice each week, into the substance of the gland itself. To do this thoroughly the needle of the hypodermic syringe is inserted one-half to one inch into the gland and then the injection is made. Little or no pain is experienced, but only a feeling of dizziness, of which they all complain, and which passes away in a very few minutes. Usually this injection causes a contraction and a hardening of the connective tissue of the tumor and a gradual lessening of the blood supply, and in the course of eight or ten weeks, a complete disappearance.

Out of over 150 cases treated in this manner there were only two cases where any inflammation and feverish symptoms appeared, and in these they only lasted a day or two.—DR. P. E. HAVEN, in *Weekly Med. Review.*

Foreign Bodies on the Cornea.

Such patients present a peculiar aspect; the following points being characteristic:

1. Only one eye is affected.
2. The ball is red, mostly from rubbing.
3. The eye looks irritable and watery.

Webster in *Eastern Medical Journal.*

Meat Jelly: Home-made.

Take good juicy lean beef, veal and mutton, and cut them into little cubes. Put them in a wide mouthed bottle, without any water or other addition, cork loosely, and immerse the bottle in a pot of cold water. Let the pot simmer for six or eight hours; remove the bottle and strain off the fluid while hot; add salt to the taste, and put in a cool place to jellify. The product is a concentrated essence of beef, of high nutritive value [?] and a delightful flavor. It may be given alone or with other nourishments, one to two teaspoonfuls every hour if necessary.—*St. Louis Med. and Surg. Journal.*

[And if you take the remaining portion of the beef, dry it and reduce to powder by triturating in a mortar, you will have in it *all* the nutritious elements of the meat, the albuminous portion. This is an excellent thing to add to soups to increase their value, or if made into a gravy with curry powder, to eat with rice; which is deficient in albumen.—ED.]

Dr. McDade, (*Ala. Med. & Sur. Jour.*), believes that the fluid discharged into a wound by the skunk, will cause hydrophobia.

Hypnotics.

Fothergill in the *Med. Brief* says that there is this to be borne in mind about narcotics: Opium and alcohol produce no such profound cerebral anemia as do chloral and the bromides. The effect of the latter drugs lasts into the next day, and the man who obtains sleep from either pays the penalty in impaired brain capacity. Our ancestors' "night cap" was infinitely less injurious than the toxic sleep-bringing drugs of their teetotal descendants. Sometimes tonics which fill the brain with blood in the day are followed by anemia at night, and thus act as narcotics.

[We set all the laws of health at defiance, over-work our brains as if we could buy new ones when these wear out, and then smother nature's protest, insomnia, by taking narcotics! Better go out and chop wood for an hour before going to bed! A hot foot-bath and a bowl of hot beef tea at bed time will often secure sleep when insomnia is due to cerebral anemia.—ED.]

Narceine.

Brown-Sequard has again brought forward this drug. He claims that it has a remarkable action in bronchial affections, consumption and croup. It quiets cough, lessens expectoration, and modifies the spasms and vomiting of croup until they finally cease, and the sleep is calm and refreshing. The medium daily dose is ten grains.

Bernard demonstrated that it was less toxic than all the alkaloids of opium, and possessed all the soporific properties of morphine without any of its disadvantages.—*Med. Analectic.*

[Da Costa made a study of this drug years ago, and found that in doses of three grains or less it has no hypnotic effect, while there are the same objectionable features as in the case of morphine; nausea, headache, etc.—ED.]

Vinegar in Diphtheria.

Engelmann of Kreuznach has obtained remarkable results in experimenting with vinegar in diphtheria. Being neither caustic nor irritating, but wholly innocuous, it has many advantages over carbolic acid and other antiseptics.

Engelmann used it undiluted as a spray, and as a gargle with three times its bulk of water added. He also painted it on the tonsils.—*Therap. Gazette.*

Mercury Hypodermically.

If you *will* use mercury in this unnecessary way, use it as advised in the *St. Louis Med. and Surg. Journal;* injecting the bicyanide combined with cocaine. This decidedly lessens the pain.

Condurango in Gastric Catarrh.

That the South American plant, condurango, lauded as a specific remedy for cancer of the stomach, possesses decided virtues in gastric catarrh and kindred affections, is becoming more and more apparent of late. The result of the use of the bark in decoction, has been to relieve nausea, pain, flatulence, and to produce a better appetite and more perfect digestion.

Dr. Wilhemy, of Berlin, trusting in Friedreich's recommendation of this remedy, decided to give the treatment a test. Finding the decoction disagreeable he had prepared a wine of condurango, consisting of Madeira wine with ten per cent. of condurango and two per cent. of citrate of iron. He reports no striking success in the treatment unless the relief of pain and distress be rated as such. Good results follow its use in most other affections; notably in gastric ulcer dependent upon chlorosis. The ferrated wine is also stated to be of value in phthisis. That the wine of condurango is a most valuable stomachic is the conclusion arrived at by the writer.—*Weekly Med. Rev.*

[Whatever virtues condurango may possess in gastric catarrh, would be masked or destroyed by the addition of iron; which latter drug is contra-indicated in that disease.—Ed.]

Galvano-Cautery in Hay Fever.

Sajous now says that not more than forty-five per cent. of his cases obtained absolute relief. The second year his results were not as good as the first.—*American Lancet.*

[The faith of the physician inspires that of the patient, and this vastly increases the chances of a cure. As failures multiply, the physician grows less confident, he loses the effect of certain hope in his patient, and his remedy is shorn of all but its true merits. ED.]

The Danish government has created a medical commission to investigate and report upon the causes of cancer, and particularly the supposed association between the disease and the use of certain sorts of food, the influence of worry, anxiety, and a depressed state of health in giving rise to the malady, and the extent to which it is hereditary.

Sweating of Phthisis.

Abletsoff, writing to the *Lancet*, states that he found pilocarpine inefficient, picrotoxine and duboisine efficient but objectionable, and homatropine and agaricine the most suitable drugs for this use*—*Therap. Gazette*

* Eisner & Mendelson, Philadelphia, write that the price of agaricine at present is 50 cents per gramme.

Tobacco as a Curative.

A pamphlet by Gen. T. L. Clingman, of South Carolina, has just been issued, in which remarkable cures are set down as the result of applications of tobacco leaf. About every disease under the sun is said to have yielded to its charms. Chatting with a Southerner yesterday, he said: "Tobacco has been classed among the old women's remedies ever since I can remember: Why, from boyhood I can remember its simple application in various forms. When I got stung by a bee, my father, who was an inveterate chewer, would take a cud from his mouth and bind it on the wound. That was the end of the pain. If my eyes got sore they were bound up at night in the same poultice, and when I got a black eye in a fight one day, I got the tobacco as well as a licking when I got home."

Post-Partum Hemorrhage.

Dr. McMahan, in the *Denver Med. Times*, recommends the hypodermic administration of ten to fifteen minims of Magendie's solution of morphine.

[This is not new. We remember years ago to have seen the recommendation of giving a drachm of laudanum in such cases, and we tried it with success.—ED.]

Turpentine in Catarrhal Pneumonia.

Prof. Walker, in the *Med. & Surg. Reporter*, relates a case of catarrhal pneumonia occurring during convalescence from typhoid fever. The remedy used was the oil of turpentine, given every three hours, in doses of fifteen to twenty drops. The author prefers turpentine to ammonia as a pulmonary stimulant in typhoid fever, believing that ammonia adds to the nitrogenous waste; which, according to Murchison, causes the delirium, hebetude, typhoid state, etc. In the croupous or lobar pneumonia he prefers ammonia. Here, in doses of gr. viij, in mucilage of acacia, well diluted, and repeated every two or three hours, it furnishes with whisky, liquid food and jacket poultices, an aid which is worthy of great confidence and praise.

Concerning the relative morality of the sexes it may be said that whenever and wherever women exhibit the moral depravity of men in an ungovernable taste for strong drink and the social life accompanying it, it is found to be a well-proven fact that the paternal ancestry of such were not given to sobriety or honesty in their relationship with women.—*Journal of Heredity.*

Infantile Convulsions.

Dr. Schofield reports the case of a child eighteen months old, who had been in convulsions for two hours. The emetics, hot baths, and mustard to the feet, which had been used, gave no relief. He gave ⅛ grain of morphine hypodermically, repeated in twenty minutes, and again after the same interval. This was effectual, and in an hour from the first dose the child was sleeping quietly. The next day she was well.—*Ex.*

[The importance of premising the treatment of infantile convulsions with an emetic cannot be overestimated. We were once called to see a child who had had seven spasms within a short time. To our inquiry as to what it had eaten that day, the mother answered, "Nothing but a French roll and a cup of coffee." However, we gave the emetic and shortly it vomited up large quantities of rotten cantelope, rind and all, and *green* bologna sausage! Instant relief was the result. Moral: Never take for granted that anyone knows what a two year old child has *not* eaten.—ED.]

Feeding per Vagina.

Dr. Love, in the *Weekly Medical Review*, makes the following remarks on this subject:—

1. The vagina may be used to supplement rectal feeding.
2. When the entire alimentary canal is disabled, the vagina may be used advantageously for feeding.
3. For the rectum or vagina the food must be thoroughly digested previously to being used.
4. The vagina may often be utilized for medication, saving the stomach for food.
5. The vagina is much more tolerant than the rectum, and can be utilized for an almost unlimited time without revolting.

The Reduction of Hernia is facilitated by the hypodermic injection of a full dose of morphine near the lesion, before taxis. It decreases tension, relaxes the abdominal muscles, and lessens pain.—*St. Louis Med. and Surg. Jour.*

[Another good method of assisting reduction is to turn the patient over on his face, with knees drawn up; when the force of gravity drawing the intestines away from the seat of protrusion, the taxis will often succeed where it had previously failed. For this we are indebted to Prof. W. S. Stewart.—Ed.]

Oppler says that one part of roasted coffee in fine powder will completely mask the odor of two parts of iodoform. Next!

A PRIZE—The WORLD'S Ready Binder.

Experiments on Condemned Prisoners.

Surgeon-General Cornish (British Army) in the *Indian Medical Gazette*, advocates the utilization of prisoners condemned to death, for experimental research into the means of combating cholera. The question of its contagiousness can only thus be finally settled. The proposition is not by any means a cruel one, for it gives the condemned a veritable chance for his life, whereas his death would otherwise be sure and speedy. And if he succumbed to the experiments, it would be the loss of a worthless life against a certain gain to a scientific understanding of the disease. There are between 300 and 400 executions annually in British India; taking the mean of a number of years, scarcely a day passes that an individual is not hung or shot, by court martial. These lives belong to the State, and it is proposed to spare a few of them, subject to the following conditions: 1st. After warning them of the risk they incur by submitting to these experiments, to obtain their voluntary and absolute consent to the artificial production of cholera in their own person. 2d. They are to be treated with all possible skill, and if they survive the ordeal, the government pledges itself to give them absolute pardon and liberty, or at the expiration of a given time. From our knowledge of human nature, we should say that many would avail themselves of the chance, rather than suffer immediate death; and there is no telling how many lives might be eventually saved by the knowledge to be gained in this manner; for, as stated above, it is by experiments upon man, and man alone, that the moot question of contagion from cholera can be solved.

Tetanus Cured by Quinine.

Dr. Reagan, in the *Med. Summary*, relates a case of Traumatic Tetanus in which, by mistake, two hundred and sixty grains of quinine were administered at a single dose. The next morning the patient was found resting well, sweating profusely, and with no symptoms of tetanus remaining. Two other cases of the same disease were subsequently treated successfully by giving one hundred grains of quinine every hour until the symptoms gave way. No bad results followed this heroic dosage.

If this be corroborated by subsequent experience, it is certainly very important. Doubtless, we are too much fettered by custom in the size of our doses, and in such terrific cases as those of tetanus, we should regulate our remedies by the gravity of the disease.

Lost hope is a fatal though silent disease.—*Oswald.*

Common Salt in Bright's Disease.

Memminger, in the *N. Y. Med. Journ.*, says he has tried this remedy in four cases, with good results. He gives ten grains thrice daily in capsules, one hour from the meals. At the first sign of nausea he compels the patient to lie down until the sensation passes off. Every other day the dose is increased by the addition of one capsule, until the patient is taking five at each dose. When the albuminuria has been decidedly reduced, the dose is diminished to two capsules. If nausea be now experienced, the salt is stopped until after the administration of one or two alterative pills, when the treatment is resumed. Headache, œdema, low spirits, weakness and anæmia give way, and the patient is now full of life and hope.

Give No Alcohol with Paraldehyde.

Sommer notes that after giving a drachm of paraldehyde to a boy who had just drank a glass of beer, a deep scarlet injection of the skin occurred over nearly the whole body. He concludes that paraldehyde should not be given in atheroma, nor with alcohol.—*Therap. Gazette.*

Kefir.

Mix 1 part of buttermilk with 1 to 2 parts sweet milk; pour in a bottle and let it stand. In three hours active fermentation will set in, which lasts three days. The milk should contain some cream. The bottles should be two-thirds full. They should be shaken well three times daily; the cork being then removed to allow the gas to escape. The bottle should be left open for ten minutes twice a day. The production may be kept up indefinitely by adding four parts fresh milk to one part kefir. The best temperature is 60° F.—*Therap. Gazette.*

[Kefir is more pleasant than koumiss, and may be used in any case where a mild stimulant with an easily digested form of milk is desired. It is remarkable how this very peculiarly tasting liquid is retained by a delicate stomach. The alcoholic strength is less than that of champagne. We have found it useful in consumption, Bright's disease, pregnancy with dyspepsia, convalescence, &c.—Ed.]

Acne and the Sexual Organs.

Dr. Mahlon Hutchinson claims that ninety per cent. of all forms of acne are due to hyperemia of some part of the sexual organs. His reason is that it almost always appears at puberty. He treats all cases with the cold urethral sound in males, and hot vaginal douches in females. Benefit is derived in two weeks, and a cure in one or two months.—*Med. Digest.*

The Dry Treatment in Endometritis.

In the *N. C. Med. Journal* Dr. Booth suggests an ingenious device for applying powders to the cavity of the womb. He uses the well-known insect-powder gun, with a valve added to prevent the powder being sucked back into the gun with the fluids of the uterine cavity. A soft catheter with the end cut off is introduced through the internal os and the powder readily blown through this. Another tube with valve attached allows air from outside to pass into the gun, so that the latter need not be disconnected at every stroke.

In cases where the vagina is covered with pimples, causing intense pruritus, he dusts the vagina with bismuth, with or without $\frac{1}{12}$ part nitrate of silver. A second application completes the cure. In vaginal gonorrhœa, he says that cases recover more rapidly when by this method he applies the following mixture, than by any other treatment.

℞ Bismuth. subnit. ..... ʒ j
Argenti nitrat. ..... gr. xvj
Morphiæ sulph. ..... gr. xxxij
M.

Care must be taken not to allow air to enter the bladder and set up cystitis. He suggests that dysentery might prove amenable to the same treatment.

In purulent discharge from the body of the womb he prefers iodine. Where a glairy mucus like the white of egg runs from the womb, and little tenderness is manifested on passing the sound, nothing is as good as powdered chlorate of potash, applied as above.

It seems strange that Dr. Booth does not take the precaution to mop out the cavity before applying his powder; which would make the application more effectual and obviate the necessity for any more complicated apparatus than the ordinary insect-powder gun. Dr. Engelmann of St. Louis has also recommended the treatment of uterine affections by the use of powders, and dry medicated cotton.

Best Milk for Infants.

Dr. Brush, in the *Archives of Pediatrics*, warns us against the use of Alderney and other fancy milks. The cows are more than usually liable to tuberculosis, owing to close breeding. The fat is poorly emulsified, mainly existing free. He recommends the big-red-breed, as quiet and gentle, a good feeder, and not excitable even in heat.

[To this we may add that the Alderney milk contains too large a proportion of fat for the digestive organs of ordinary infants. It is also deficient in casein. When the cream has been removed the remainder is blue and poor.—Ed.]

Post Graduate Study.

Dr. J. S. Moody, of Illinois, read an interesting essay on this subject before the State Dental Society of his State. He advocates a systematic course, somewhat on the basis of the excellent Chautauqua system.

It is noteworthy that the studies of the student proper, though they may embrace "the regular course" at college, are not sufficient for the life needs of the dentist; at best they should be but the foundation for future study.

Yet the scientifically inclined dentist cannot leave his practice to attend a special course of college lectures; and if he could, it would not be sufficient. It must be a course of studies he can pursue at home, and during a limited time each day.

In this way, "The Chautauqua Literary Course" is educating thousands all over the land. This mammoth national class is being benefited every way,—the mind is stored, the intellect is expanded, the general views are broadened, and the whole man is cultivated. Let us have a Dental Course based on a similar system.

Dr. Moody suggests the following topics:—Physics, electricity and magnetism, chemistry, metallurgy, microscopy, zoology, botany, anatomy, embryology, odontology, histology, physiology, bacteriology, pathology.—*Items of Interest.*

[What do our readers think of this system as applied to physicians?—Ed.]

Chapped Hands.

The easiest and simplest remedy is found in every store-room. Take common starch and grind it to a powder. Every time the hands are dampened, wipe them, and rub the starch thoroughly over them. The effect is magical.—*Health Record.*

Management of the Perineum.

From an article by Doleris, a translation of which appears in the *Atlanta Med. and Surgical Journal*, we condense these points:

1. The application of the hand flat upon the perineum during pains is radically bad. It favors rupture, does no good unless by hindering delivery and giving the perineum time to dilate.

2. Somewhat better is the plan of drawing as much as possible of the skin towards the perineum at each uterine contraction. This may increase the amount of tissue in fat women with elastic skin, but is generally useless.

3. The third method is dividing the perineum. This is like jumping into the river to get out of the rain.

Lacerations begin in the mucous membrane. If confined to it they heal readily, but the fourchette once torn is not easily restored. The resistance being in the muscular sphincter of the vagina, this should be divided by a probe-pointed bistoury carried flat up to the sphincter between two pains. The incision should be made an inch from the free border of the vulva and carried down to the border if necessary.

Far more important is it to give the fœtal head time enough to make its own passage, and to so direct it as to protect the weaker parts. Counter pressure accomplishes the first object. At the same time stop the senseless exhortations to "bear down." Continue this method until it is possible to extract with the fingers. In this manœuver two fingers are introduced into the rectum and carried up to the child's chin, and press the head downwards and forwards, between the pains, till it emerges from under the pubic arch. The time for this is when the posterior angle of the anterior fontanelle is visible.

Alum causing Corneal Ulcer.

Dr. Thompson (*Jour. Amer. Med. Asso.*) says that since discarding alum in conjunctivitis he has no longer ulcers of the cornea. If a break exists in the anterior elastic lamina, alum will invariably form an ulcer.

Give the Boys a Show.

The editor of the *Indiana Medical Journal* calls attention to the abuse of so-called charity in the case of the old doctor who gave away $100,000 in charity practice during his forty years' work. Dr. Ferguson very justly says, "had the doctor done one-half of this free practice, and spent a larger portion of his time in study, rest, recreation and collecting bills, it would have been better for himself, his patients, his co-laborers, and notably better for the young physicians growing up around him.

Use of the Prepuce in Plastic Surgery.

It is proposed to utilize the prepuce in rebuilding eyelids. This approximates the Hudibrastic operation for rhinoplasty. As will be seen elsewhere, we do not approve of the removal of the prepuce.

Dangers of Hot Baths.

In the *Medical Press and Circular*, we read that a young lady being overcome by the heat of the bathroom, fainted while in the water, and was not found until too late to resuscitate her. As ordinarily constructed bathrooms are liabl o become over heated.

Hoffmann's Anodyne.

Dr. Hare, in the *Med. News*, deduces the following from experiments:—

1. Heavy wine of oil is not the quieting agent in this drug.

2. The calmative effect depends largely on the ether.

3. In this remedy we have three agents, each successively substituting the other in stimulating action, viz., ether, alcohol and the heavy oil of wine.

No tonic effect is produced by large doses of the oil of wine.

[Practically, it is doubtful if Hoffmann's anodyne exists in the shops. We noticed long since that the drug was advertised at about one-fourth its cost, and on inquiry found that a cheap substitute had entirely superseded the true remedy. At our request a druggist visited one of the large drug houses to obtain the heavy oil of wine with which to prepare the genuine anodyne. He was told that in thirteen years there had been no call for it. This is a pity; for the old Hoffmann's anodyne was a valuable remedy. We once stopped by a single dose of it a hiccough which had continued for forty-eight hours, defying all other remedies.—ED.]

Hemorrhagic Endometritis.

Macdonald thinks no treatment as effectual as removing the diseased tissues with the curette. The cervix should first be dilated and the membrane scraped away by the steel curette. It is easy for the operator to tell when he has reached healthy tissue, by the peculiar grating sensation.—*Weekly Medical Review.*

Gonorrhœal Epididymitis.

Is treated successfully in Russia by the application of white clay. It is made into a soft mass, spread upon linen, and applied to the whole scrotum.—*Medical and Surgical Reporter.*

For killing minute organisms without distortion, a writer in the *Scientific Enquirer* recommends cocaine. The organisms are put in a watch-glass in undistilled water, and a half per cent. solution of cocaine added drop by drop, until the amount added equals one-fourth of the entire fluid. In ten minutes the organisms are dead, but not distorted.—*St. Louis Med. and Surgical Journal.*

[This is the method we should use in future. No one will care, henceforth, to see the look of anguish on the distorted countenances of the humble little typhoid germs who have been put to death by Rough on Rats and other unscientific germicides. Spare their sufferings by using cocaine.—Ed.]

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Commonplace Book.

One of the most useful habits possible to be cultivated by medical men, is that of keeping a commonplace book; in which to record events and notes of practical professional interest. In this way many who pursue such a plan, have found it of inestimable service subsequently to be able, in a moment of emergency to refer for exact information, concerning, *e. g.*, a recipe or mode of treatment to a convenient source, where, at the time of first making it, the observation has been recorded. But few people, however, possess the faculty of arranging the material thus acquired in a way to render it immediately accessible. Its mere inscription in a note book, without some accurate method of classification is adopted, creates confusion under circumstances in which confusion is least of all desirable; and hence it is, that a reference MS. book has become an important desideratum to every practitioner, who desires to derive permanent advantage to himself and his patients, from the results of his reading and practice.—*Medical Library.*

Anacharis vs. Malaria.

A German physician has called attention to a property hitherto unsuspected in the anacharis alsinastrum, a plant of the hydrocharidaceæ, or frog's bit family. This plant, a native of Canada, has been transplanted to Germany, and there received the recognition it could not obtain at its home. In Canada it is regarded solely as a nuisance, obstructing water courses with its subfluvial stems, which push only the fertile flowers up to the surface. Dr. Brandes states that since the introduction of this plant the district in which he resides has become free from malaria. This is either due to its power of feeding on and destroying the causes of malaria, or to the fact that its presence compels frequent cleansing of the water ways. It also protects the young of fish, and is a useful fertilizer.—*Eastern Medical Journal.*

Pelvic Cellulitis.

Dr. Addinell Hewson writes to the *Bulletin* that he has had much success in the treatment of pelvic cellulitis, by the use of clay, of soluble gelatine suppositories, and later of lanolin ointments with iodide of potash.

The tenesmus of dysentery or cystitis may be very much relieved by placing a pillow under the hips, and making the patient lie upon his back in such a manner that the parts are thus raised somewhat higher than the rest of the body.—*St. Louis Med. and Surg. Journal.*

Brewery Slop.

FOR NURSING MOTHERS.

"The Brooklyn Health Commissioner" says a New York paper, "suspecting some of the dairymen who supply the city with milk, as using brewery slop as food in their dairies, lately employed a detective for some weeks to work up the cases. All these dairymen will be prosecuted."

The above suggests some questions. Is it any worse to feed brewery slop to cows than to men, women and children? If milk from cows fed on brewery slop is "utterly unfit for human food," while it is abundant and of fine appearance, how about the milk of human mothers produced by drinking lager? If it is a good and lawful thing to prohibit dairymen feeding brewery slop to their cows, is it not an equally good and lawful thing to prohibit saloon-keepers from selling "brewery slop" to human beings to drink?—*Golden Rule.*

When cocaine first came into use it was sold at the rate of $10,000 a pound. The increased demand for the drug has so stimulated production, and reduced the price, that it is now quoted at two cents and a half per grain, or about $140 per pound.

Asphyxia Neonatorum.

Dr. Blaisdell writes to the *Med. and Surg. Reporter* of a number of cases in which resuscitation followed when the child was carried rapidly up and down stairs several times.

[Post hoc, or propter hoc?—ED.]

CLASS-ROOM NOTES.

[From the *College and Clinical Record* and other sources.]

—In a case of *syphilitic anemia* Prof. Goodman prescribed corrosive sublimate gr. $\frac{1}{12}$ and tincture of iron gtt. xxx, three times a day. In *cerebral syphilis* he ordered iodide of potassium, one ounce daily, in divided doses.

—Dr. Levis uses the following as an injection in gonorrhœa:

℞ Zinci. chlorid..... gr. j–ij
Aquæ des..... ℥ vj
M. S.—Inject once or twice daily.

—For epistaxis, Prof. Waugh injected into the nostril a weak solution of chromic acid, checking the flow at once. He prefers this astringent to iron.

—Prof. H. C. Wood prescribed for a case of *dysmenorrhœa*, ext. cannabis Indica gr. ss every two hours.

—Prof. Keyser has found that powdered sulphate of quinine insufflated in the eye is beneficial in granular conjunctivitis.

—Prof. Montgomery advocates the early "Intubation of the Larynx" from which he has had very gratifying results. He gives also,

℞ Potas. chlorat.....gr. xxx
Tr. ferri chlor.....f℥ jss
Glycerinæ.....f℥ ss
Aquæ, q. s. ad.....f℥ ij
M. S.—A teaspoonful every half hour.

—Prof. W. B. Atkinson's favorite formula for whooping cough is:

℞ Ammon. bromid.....℥ j
Tr. belladonnæ.....f℥ ss
Mist. glycyrrh. comp.....f℥ j
Syr. Tolu.....f℥ ij
M. S.—A teaspoonful every three hours, increasing the dose as needed. To be given until the effects of the belladonna are manifested. For a child five years old.

—Prof. Penrose makes very frequent use of the following combination in the diarrhœa of young children, with green stools.

℞ Hyd. chlor. mitis.....gr. j
Pulv. myristicæ.....gr. iij
Bismuth subcarb.....gr. x
Sacch. lactis pulv.....gr. xx
M. et in chart. x div.
S.—One every two hours.

—For the headache oftentimes present in a bad *cold*, Dr. Sajous directs ten grains each of bromide of potassium and bromide of sodium every two hours.

—Prof. Brinton has for many years treated with excellent results *pruritus ani* with teucrium scordium, in gr. xv–xx doses, ter die, in water. It is to be used for four or five days, until effects are produced,

—At Prof. Da Costa's clinic recently was a very marked case of *hysteria*, the patient suffering from hyperæsthesia of the skin, trembling, paralysis and "fits." Treatment: Strengthen patient's *morale* and encourage her; have her exercise short of fatigue; plenty of good food and rest in bed, and let her take zinci valerianas, gr. ij, ter die. In eleven days she returned practically cured.

—For *acute rhinitis* in its incipient stages, of all the remedies tried by Dr. Sajous, the following has given the best results. In the doctor's words, "It acts like magic."

℞ Morphinæ acetat.....gr. iv
Bismuthi subnit.....
Pulv. talc.....āā.. ℥ j
Fiant chartæ, xxx
M. S.—Use as a snuff.

Dr. Sajous states that this will check a very bad *cold*, or coryza, sometimes with only one sniff of the powder.

—Prof. Gross thus epitomized the treatment of *secondary syphilis*: Mercury is the only remedy that should be given in this stage; do not give it in the first stage, for no one can be cured of syphilis who has not suffered from some of the secondary symptoms. The prognosis is less favorable in the tubercular form of eruption than the erythematous. Any form of mercury can be used, according to the inclination of the doctor; the protiodide is one of the best. Combine with it some article to act on the skin, and some opium to prevent its running off from the bowels:

℞ Hydrargyri iodidi viridi..... gr. ⅙
Antimonii et potass. tartrat.....
Morphinæ sulph.....āā.. gr. 1/12
Fiat pil. M.
S.—Begin with one after each meal, increase the noon dose one pill every two days until the gums are touched, then diminish and keep at a dose easily borne by patient.

Do not salivate. Patient should have good, nourishing diet, and should take a warm bath every other day. This treatment should be kept up for three years, with intermissions, as a rule. During this time all the symptoms will disappear, with only an occasional return of a mucous patch. To insure a cure, continue treatment for one year after all symptoms have disappeared.

—The following is Prof. Atkinson's celebrated "Tonic A" mixture; now in general use in Philadelphia:

℞ Acid. phosph. dil.
Tr. ferri chlorid..... āā.....f℥ ss
Tr. nucis vom.....f℥ ss
Syr. aurant. cort.....
Aqua.....āā.....f℥ jss
M. S.—A teaspoonful before each meal, and at bedtime.

—Prof. Montgomery in speaking of fibroid tumors of the uterus, advocated the hypodermic injection of ergotine, and supplemented it by giving internally:

℞ Ammon. chlorid.....ʒ iv
Hydrarg. bichlor.....gr. j
Ext. ergotæ fl.....f℥ ij
M. S.—A teaspoonful three times daily.

For another case of uterine fibroid (sub-peritoneal), which gave rise to no annoying symptoms except the deformity due to its large size, Prof. Garretson recommended the use of the *Wine of Fraxinus*, a teaspoonful thrice daily. To this suggestion Prof. Waugh added that of *compression* by an elastic supporting bandage.

In the treatment of nervous diseases, he is the best physician who is the most ingenious inspirer of hope.—*Coleridge.*

Dr. W. F. Gardner, of Conewango, N. Y., says: "I must say, THE MEDICAL WORLD," is a case of love at first sight. It just comes up to my ideal of what a journal should be to be useful to the physician.

Original Communications.

Short articles on the treatment of diseases and experience with new remedies are solicited from the profession for this department; also difficult cases for diagnosis and treatment.

Articles accepted must be contributed to this journal *only*. The editors are not responsible for views expressed by contributors.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them: and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—RUSKIN.

The December issue will consist of an edition of Sixty Thousand Copies. Will our contributors put forth their best efforts for this enormous number of readers? We will go to press on Nov. 15th, and communications for that number must be in not later than Nov. 10th.

Lycopus in Dysentery.

Editor MEDICAL WORLD:

I have been for eighteen months time a reader of your valuable journal. I have derived a great deal of good from it. The number which has been of special, yes, untold value to me is the one for June, '86. My only child, a little girl of one year, had a very violent attack of dysentery; the discharges were frequent, consisting mainly of blood and mucus; stomach irritable, strength much reduced, in fact, I looked for a fatal issue. I had used all my usual remedies for the disease, but without avail. My eye happening to rest upon the article in the June number, page 210, by J. T. Coveny, on Lycopus Virginicus, I concluded to try it, but will confess, with faint heart. I followed the directions closely, administered the remedy myself, and waiting a few hours had the great satisfaction of seeing an improvement in my child; which improvement continued until it resulted in complete recovery. I put the child upon lactopeptine before eating, and peptonized milk for diet. I now have the satisfaction of seeing my little one well and happy; and I don't think the result would have been so fortunate under any other line of treatment. I have put another patient to-day upon the same, and hope to see equally good results. I hope that others may try Dr. Coveny's treatment and meet with the success that I did. I feel that I owe Dr. C. and your journal a great debt of gratitude, and do you wonder why? CHARLES P. MCCABE.

Greenville, N. Y.

[We congratulate Dr. Coveny on this result of his letter to THE WORLD. It is certainly pleasant to feel that one has been the means of doing such a service, and to a brother physician too. This may encourage the rest of us to put the results of our observations before the medical public. One does not need to be a professor to observe, nor a German to investigate. We are further confirmed in our belief that there is among our native plants a wealth of remedial resources which has never been fairly tested. Lycopus Virginicus is said to be sedative, tonic, astringent and narcotic, in Johnson's Medical Botany.—ED.]

Polypharmacy.

Editor MEDICAL WORLD:

I observe on the part of some of your writers and correspondents, a tendency to overweening confidence in the virtues of drugs alone in the treatment of disease, and not a few combinations of the same that are "fearfully and wonderfully made." Grape-shot prescriptions impress me with a feeling that the prescriber has some idea of what he wishes to accomplish—knows that there are many drugs applicable to similar conditions—does not know which to use in the given case, and therefore he invokes the aid of as many as time, inclination and convenience permit, having some hope and perhaps a little faith, that good may result. Prescriptions calling for from eight to a dozen ingredients, are inherently weak. Synergistic and incompatible elements are often jumbled together without "rhyme or reason."

A prescription now before me, recently written by an English physician of some note, illustrates what I mean. It was given presumably for dyspepsia, and contains *secundum ordinem* the following: Sodii salicylat., potass. nitrat., lactopeptine, tr.. nucis vomicæ, bismuth subcarb., tr. gentianæ co. and elix. calisaya et strychniæ. Why strychnia *and* nux vomica are used in the same formula, is not clear to me, and the quartet of *bitters*, strychnia, nux vomica, calisaya and gentian, is strongly suggestive of the wonderful "Seven Barks" or Sissy Jupe's "Nine Oils." It may be said that this is an *extreme* case of contrarieties. Perhaps so; but it may be laid down as a general rule that as prescriptions are lengthened, their inconsistencies are multiplied.

Chlorodyne, according to various analyses and guesses, contains some ten or fifteen ingredients. This is one of those exceptional cases where a part is greater than the whole—one-half or one-fourth of the ingredients being of more certain therapeutic value than the entire jumble.

That Warburg's fearful Tincture is on the whole any better than the quinine it contains, I consider by no means fully established by disinterested, clinical evidence.

Of Brown-Sequard's formidable battery of anodynes and hypnotics for the relief of neuralgia, it becomes us to speak with becoming

respect. But if the frequency with which this is used, is any evidence of medical faith, most physicians have less confidence in the *eight* ingredients, than they have in a solution of one or two of the very same.

His Mistura Anti-Epileptic, containing 2 forms of iodine, 2 of potassium, 3 of bromine and 3 of ammonia, must be accepted as rational and scientific, not because the common mind can see it so, but on the authority of Brown-Sequard.

The Homœopathy of former times, went to the other extreme of simples, and was equally irrational. It was the extreme of reaction, and having a modicum of truth, was inconsistent in assuming that its *some* truth was the *whole* truth. I think it well to keep as near to "simples" as we consistently can. When we depart from this it should be for good reason. Then we should keep in mind the good old fundamental principles of, 1st basis, 2nd adjuvant, (when needed), 3d corrigent, (if desirable), 4th vehicle, (if called for). This outline is direct and definite, and comprises the art of intelligent prescribing.

Brooklyn, N. Y. B. E.

Ergot before Delivery.

Editor MEDICAL WORLD:

How often do we see some one advocating the use of ergot before delivery of child and placenta, which is a radical departure from the taught uses of the drug! In the writings of many leading men the rule is laid down that it is bad and dangerous practice to give ergot until the child and placenta are delivered. The danger to the child is that ergot tetanizes the uterus, thus arresting utero-placental circulation, causing asphyxia and death; to the mother it increases the liability to rupture of the uterus or perineum by inducing too powerful contractions. It also increases the tendency to contraction of the os only, causing retention of the placenta and membranes, and exposing the patient to the risk of septicæmia. On the other hand, some lay down the rule that the administration of ergot fifteen to twenty minutes before the expulsion of the head has brought about prompt delivery of the placenta, and an entire avoidance of hemorrhage.

The question of administering ergot has been debated with nearly as much earnestness as has that of giving alcohol. In spite of this, however, its champions use alcohol for everything, while others refuse to use it even to save life, preferring to die sober for the glory of God, rather than be resuscitated through the agency of Satan. But reasonable people know that alcohol is an agent of great utility in competent hands, and so it is with ergot. I believe the latter has been used with advantage before delivery, but I also believe it is capable of no good but what can be had from other things which have the advantage of being free from danger.

In natural labor, when the head is descending, we don't want any medicine. If the pains are getting weak, we have quinine, caulophyllum and chloroform. If delivery be delayed by rigidity, who would think of using ergot? Have we not got chloroform, gelsemium, or even lobelia? If the head be blocked, we think of the forceps; especially if there be progressive exhaustion. There are cases of simple inertia in which the parts are relaxed, and in which the pelvis is roomy and the head not large, in which ergot may be used to facilitate delivery; and I believe these are the only conditions in which its use is justifiable.

Is it then a safe rule to give ergot fifteen or twenty minutes before delivery? It is not easy to tell in minutes just how long it will be, except in those very easy births in which we want no medicine but a little patience.

I do not consider it necessary to give ergot before delivery to guard against hemorrhage or retention of placenta. If we give the uterus a little rest after delivery of the child, steady traction on the cord and kneading and pressing the womb usually succeeds. If not, after an hour has elapsed, I introduce my hand and take the placenta away; and this done, then is the time to give your ergot. Given in hot water it acts very quickly, but I always have my needle convenient. If the blood gushes I thrust my whole hand into the womb, and don't withdraw it until the placenta is expelled. A piece of alum the size of a walnut, introduced high up, is very certain to induce contractions, so is dilute acetic acid or vinegar.

Grand Junction, Col. H. E. STROUD, M. D.

Ergotine in Coma.

Editor MEDICAL WORLD:

In common with a number of our professional confrères here, I entertain a very high regard for THE MEDICAL WORLD, looking for its arrival every month with great interest; and I am always gratified in finding something in it "good to read."

As you request the profession to send for publication in THE WORLD the particulars of any case in practice that may seem to have more than usual interest, I would like to present a brief history of a case occurring in my practice; interesting to a large number of persons here, both professional and lay.

Cora N., a young lady of seventeen years, came under my care about March 1st, last; had been under treatment for some time before by

other physicians for dyspepsia, chlorosis, etc.; had not menstruated perfectly for many months, though it had started all right at the thirteenth year. There was no history of rheumatism, the urine was normal, and she was in good general condition.

On examination of the heart I found mitral obstruction and the pulse slightly deficient at each third beat. She complained of dyspepsia and palpitation, and was somewhat hysterical. I prescribed tinct. digitalis and elixir lactopeptine, bismuth and strychnine. Within the month she felt so well that her friends considered there was no further necessity for treatment. I ordered her to continue to take pil. ferri iodid. for two months, not to dance, and to be very careful of her diet. I heard occasionally from others that she was well, the parents were much gratified at the results of the treatment, and through this case several other patients found their way to me.

About two months after this I was sent for. I found the patient vomiting, with great straining, great pain in bowels, slight diarrhœa, all showing an acute indigestion, and accounted for by the explanation that the night before she had been to a party, had eaten a lot of cheese, fruit and other indigestible matter. I gave her morphia, then hyd. c. creta, bismuth, sp. amm. arom. and soda bicarb. with aromatics, expecting to find her well when I returned. Early next morning I was sent for in a hurry—was told that about three o'clock that morning a sudden change had taken place, and after a cry she became totally unconscious. I found the patient perfectly comatose, the pupils dilated, breathing hurried and gasping, the alæ nasi working hard, and the feet cold. Another physician had been called in before I got there, who had given bromide and morphia, and put mustard to the epigastrium, under the impression that the condition resulted from some irritant in the stomach. On further consultation, we concluded, recollecting the straining in the efforts at vomiting, that the source of the trouble must be cerebral, and that hemorrhage or effusion causing pressure accounted for the condition. We applied a blister to the nape of the neck, and gave rectal injections, alternately soap suds, salt, and sp. tereb. and ol ricini. As nothing particular came away I gave her ol. tiglii on her tongue; later, after watching the case at intervals all day, she passed after the last injection a quantity of hardened feces. The lymph was evacuated from the blister in large quantity; the urine drawn off, and the condition of the patient towards evening was no better, if anything worse.

I requested Dr. Green to see the case with me, to see if he could suggest anything more to be done.

We found the temperature 103, respiration 90, pulse 145, all of which had been going up all day, coma complete, and every sign pointing to a rapidly approaching end.

We determined to inject ergotine hypodermically deep into the tissues of the neck; ice in bladder to the head, small quantities of liquid food, and stimulants to be given in the form of egg nog. This was very difficult, as deglutition was almost impossible, and any thing given by the mouth likely to cause suffocation. We left, not expecting to find the patient alive at the next visit.

During the night however, the respiration became slower and quieter; in the early morning she made movements with the extremities; temperature 102°, pulse 116.

The next day showed some signs of consciousness, and she could swallow liquid. I gave her fl.-ext. ergot, gtt. x and gallic acid every two hours at first. At night she recognized her mother, and went into a more natural sleep.

The following day the pulse and breathing were still slower, temperature 100°. Towards evening she was quite conscious but knew nothing of what had happened. She said she felt as if she had been struck in the back of the neck with something. I ordered perfect quiet and no conversation for a week; at the end of which time, excepting a suppurating sore where the ergotine had been injected, she was able to sit up, take food naturally and suffered no inconvenience. I continued to give fl. ext. ergot gtt. x, pot. iodid. gr. xx, aq. cin. fℨ ss, twice a day for two weeks; then once a day for another two weeks. She remains to all appearance perfectly well, and the pulse does not now intermit.

What I consider strikingly interesting about this case is the almost magical effect of the ergotine injection; which I believe saved the patient.

S. NEWMAN, M. D.

San Francisco, Cal.

Tænia Mediocanellata.

Editor MEDICAL WORLD:

This case, which occurred in a child eighteen months of age, may prove interesting to the readers of THE MEDICAL WORLD.

On March 16, 1886, I was called to see Mamie W., 18 months of age; found her very pale and anaemic, with a fretful disposition, very little inclination to sleep, and when she did it was only for a short time, and always upon her stomach. She was wanting the breast all the time, which did not seem to satisfy her. This condition she had been in since she was seven months of age. My diagnosis was worms; and I gave her the following:

℞ Hydr. chlor. mitis..... gr. iij
Santonin..... gr. j
Sacch. alb..... gr. x
M. Div. in chart. no. iij. S.—One every three hours.

Upon my visit next day the mother said she had passed four flat worms, which she then showed me; which I at once recognized as segments of a species of tænia. I then ordered the following to be given after a fast of eighteen hours:

℞ Fl. ext. filicis mas..... ♏ xv
Fl. ext. pomegranat..... ♏ xv
Ol. terebinth..... f ʒ j
Mucil. acacia..... f ʒ iij
M. S.—To be given at once.

This was done at 6:30 A. M., followed at 10:30 A. M. by ol. ricini f ʒ ss, and at 4:30 the worm measuring thirteen feet was passed with head. The child soon rallied and is now enjoying good health, sleeps well, appetite natural. This is the youngest case I ever knew to occur; and I can account for it by the mother giving the child raw beef to suck at times to keep her quiet. This should remind us that very young subjects can be infested by tapeworm. JAS. E. WHITEFORD, M. D.

Baltimore, Md.

[A practical point concerning which our books give us no light, is whether a tapeworm in a baby doesn't require as much of a dose to kill it as it would were the parasite in an adult. In my own experience it does; and I was compelled to give a drachm of oleores. filix mas to a child four years old. In younger subjects I have relied wholly upon pumpkin seed (and with success), rather than give such doses.—ED.]

Spermatorrhœa.

Editor MEDICAL WORLD:

Every variety of "Seminal Weakness" is gathered up by the circulation through the public press, and by other means, of literature depicting in startling terms the appalling danger of delay in the treatment. The dread of impotency, insanity, and idiocy, is continually depleting the pockets of the alarmed victims, and enriching the medical vampires. It is feared that the educated profession has paid too little attention to this class of cases, and that large numbers of young men have suffered untold anguish, who ought to have been relieved without recourse to the advertising quacks. I avail myself of your invitation to condense a few ideas on this subject.

A physician is consulted by a young man who says that he has seminal losses, it may be through dreams, or even from impure thoughts, or he thinks semen passes off when micturating. He thinks he is losing his memory, feels diffident in female society, sees spots before his eyes, etc. Now if the doctor is one of these special quacks, he has the subject pass a little water, places it in a test tube, shakes his head as he looks at it, then drops a little *tr. ferri* into it, and the cloudiness reveals the "semen in the urine!" He then examines the organs and is startled to find it so much worse than he supposed, and triumphantly points to the deplorable fact that one testicle hangs lower than the other! He then agrees to *cure him* for so much down, and so much a month. He gives a solution of bromide of potassium and extract of hops, with dietic directions. He may go on for months, increasing the bromides until the patient cannot respond to a sexual demand, and still has an occasional loss, and the mental condition is most wretched.

Such a person reporting to a true physician who knows this branch of his business, would be told that there was nothing alarming in the symptoms, and an explanation would be entered into. He should be told that arriving at the proper age, the semen is manufactured in the little sacs between the bladder and rectum. That if it is not demanded in the legitimate way it sometimes overflows, and this is liable to happen toward morning as the bladder and rectum get filled. He should be told to void his urine the last thing before retiring, and sometimes it is better to have the bowels move at night as a habit, rather than in the morning. He should be enjoined to keep the mind and body regularly employed, thinking of lascivious things as little as possible; and as the mind here requires treatment, and the idea is strong that some medicine is required, it should be given, with directions as to hygiene. Some of the quieting remedies and a tonic, will give the patient the feeling that something is being done for him. He should be distinctly told that these losses are an indication of manhood that ought not to be destroyed, and that if he has an emission not oftener than once in a week or two, it should occasion no regrets except that it was under no more favorable circumstances. Advise the young man to get in love with a good virtuous girl, and in due time marry her and be happy. *Don't forget to charge a good fee.*

E. Mansfield, Mass. I. H. STEARNS, M. D.

Reform Needed.

Editor MEDICAL WORLD:

Reforms that are useful to mankind generally go forward. The useful inventions and methods introduced during this century furnish abundant illustrations of the truth of this statement. One improved method supplants another that has gone before it; then another more improved supplants that one, and the march of improvement is steadily onward. But while reforms

are being introduced in our fields, factories and methods of travel, have we reformed our manner of living, so as to increase the chances of human life? Have we not readily embraced the means of luxurious living, and in our eager race for these luxuries set at defiance the laws which govern life?

A pamphlet before me, by John Ellis, M. D., states that in Massachusetts, from 1876 to 1881, a period of six years, among the old native American families, the deaths exceeded the births by 29,796, while among the foreign born families the births exceed the deaths by 87,824. It is further stated that the foreign born population of the same State number less than one-fourth of the population, and yet give birth to more than half of the children. If these statements are correct they tell a fearful tale of American life in the old settlements. The old American families, having grown wealthy, have gone into those luxurious habits which are detrimental to longevity and rapid increase.

Two questions arise. What is the trouble, and how is that trouble to be remedied? The trouble seems to be in our social and domestic habits. The girls are brought up in idleness and ease, and lack physical development, hence are entirely unfit to become the mothers of a hardy race of people. Sickly, nervous, peevish mothers never have sons that become heroes in the struggle for eminent usefulness in life. The sons of hysterical women are almost always feeble-minded, and sadly wanting in physical and mental force. One great reason why men often abandon their wives, is that many women are incapable of discharging the duties of motherhood.

On the other hand, the men are overstrained in the rush for social emulation, and to sustain the nerves that are overworked they resort to stimulants. This gives temporary relief; but as time advances they find themselves the victims of an evil habit, which has grown upon them by imperceptible degrees, until the demon has bound them too fast ever to escape from his destroying hand.

Another thing detrimental to life is the immense amount of fraudulent material placed upon the market as food and drink for the people. The children are fed with candy which is mostly nothing more nor less than sweetened dirt and paint. Thus depraved appetites are begotten at an early age, and a ruined stomach implies almost any evil that you may be pleased to write after the word ruined. The friends of a true reform cannot be too wide awake upon the evils of adulterated food and drink. It is annually sending thousands to a premature grave. To be a sound and valiant race of people we must return to simple habits.

To the physician belongs the duty of sounding the alarm, and urging such reformed methods as will put decaying families back upon a healthy basis. E. L. PERKINS, M. D.

Newport, N. C.

Eighty Patients Daily Not a Mistake.

Editor MEDICAL WORLD:

On page 263 of your August number. "Dr. McShane has written to us that the claim of 80 patients daily was a slip of the pen." I am curious to know from whence this information was derived.

In my article in your May number entitled "Is Your Thermometer Correct?" I incidentally mentioned some facts showing my opportunities for making observations and yet had never witnessed a temperature higher than 106.5° Fahr.

I did not mean by this to boast of my business; neither did I intend to imply that because of the fact that I had not witnessed these exalted temperatures they did not occasionally occur.

Now, since this statement seems to have been questioned, Dr. C. W. Mendenhall of this town, with myself have carefully examined some of my books and find in 1876 the figures are not exaggerated, but in several instances they were exceeded. I have no doubt many other men have done more; but I have learned long since, at the expense of my health, that such a business is not desirable.

Carmel, Ind. J. T. MCSHANE.

[We understood from a remark of one of the staff of THE WORLD that Dr. McShane had withdrawn his claim, but it appears to have been simply an expression of opinion, and not of knowledge.

We owe Dr. McShane an apology.—Ed.]

Eclampsia of Pregnancy.—Injury to the Eye.

Editor MEDICAL WORLD:

On reading Dr. Jennings' case of puerperal eclampsia, I thought it would not be amiss to report one which I recently had in practice.

July 27th, '86, was called five miles out from our village to see Mrs. J. K——, who I was informed by the messenger had fainted before he was sent for me. On arrival I found her in a convulsion, and learned that it was her fifth that day. With me, I had neither pilocarpine, forceps, nor a hypodermic syringe. I drew off a small quantity of urine, which on boiling was almost solid with albumen. Cold nitric acid gave a similar result. She was a strong, hearty, robust primipara in her eighth month of pregnancy; urine almost suppressed, legs and feet swollen like posts, and eyelids puffy. I at once bled from the arm about f℥ x,

gave a brisk cathartic, administered by enema chloral and pot. brom. āā ℥ss, and by the mouth two successive doses of fifteen grains of each, fifteen minutes apart; after which she slept quietly for about four hours, until her bowels were moved. I then ordered rest in bed, milk diet, sealing jars of hot water to be placed up the sides and legs until free perspiration ensued for one or two hours, and the following mixture:

℞ Liq. ammoniæ acetatis.....f℥ iij
Pot. acetat.....℥ vj
Aq.....℥ vj
SIG.—f℥ss every three hours.

In thirty-six hours she was passing water freely, containing only about thirty per cent. of albumen. I then ordered the rest and milk diet to be continued, and the above mixture in f℥ij doses four times a day; bowels to be kept open with sulphate of magnesia. In ten days the urine contained only about fifteen per cent. albumen. She was then allowed to get up part of the day, and for the above mixture I substituted the following, to be taken during the course of each day: Bitartrate of potash one-half ounce, dissolved in a pint of boiling water, to which was added half the rind of a lemon.

Sept. 1st, she was delivered of a dead fœtus, and is making a good recovery. Had no convulsions after my first visit, bleeding, purge and enema.

In such cases it is well to know a number of useful treatments, as any of us may be taken short without a hypodermic syringe, without our pilocarpine, morphine, ergot, chloroform, etc., etc.

John McDonald, aged eighteen, a blacksmith, while working with a punch held in a pair of tongs, let the punch slip from the grasp of the tongs when struck with a hammer, and it pierced his eye, entering the cornea about ⅛ inch from the corneal margin; each extremity of the wound extending through the sclerotic about ⅛ inch from the corneal margin. The lens was not injured. A portion of the iris was torn and prolapsed. This I seized with the iridectomy forceps, and snipped off close to its attachment, with the scissors. Ice was applied, the eye bandaged, patient ordered to be kept in a dark room; later, a four grain solution of atropine was used. The eye has the appearance of an ordinary iridectomy, with cloudiness where the cornea was wounded; sight good, no signs of irritation in the fellow eye.

St. George, Ont. J. L. ADDISON, M. D.

Alcohol in Snake Bites.

Editor MEDICAL WORLD:

On page 225 of the July number, the author states that the bite of the cobra is said to be inert when the patient is already saturated with alcohol.

I must say that I have treated more than three hundred cases, over one hundred and fifty of which had been treated with alcohol without success. I know of cases where the patient died from the alcohol given. I think the alcohol treatment in these cases is wrong. I do not use poison against poison in such snake bites.

Among the new discoveries we have in the tincture of Echinacia Angustifolia, a "blood purifier," an antidote to this virus, in doses of from twenty-five drops to a teaspoonful three or four times a day.

The following case exemplifies the alcohol treatment:

A five years old child of Judge Martin, of Seward Co., Neb., was bitten in the foot by a rattle-snake. To save the child's life, the leg was amputated at the knee joint. The tincture of Echinacia would not only have saved the life of the child, but would have effected a complete cure. I have used this remedy with success in many cases during the past three years.

Pawnee City, Neb. H. G. F. MEYER, M.D.

[Nothing whatever is proved for or against the alcohol treatment by the above; but a record of three hundred successfully treated cases of snake-bite is worthy of some consideration. We would like to know how many failures Dr. Meyer had; how many of his cases were of rattle-snakes' and other venomous serpents' bites; whether the remedy was effectual in all stages; and if any other measures, general or local, were used at the same time.

A tabulated statement showing these points, would be of interest to us all. The fact that a drug is given and the patient recovers proves nothing; if three hundred recover under the treatment, in any disease which is often fatal, it deserves further investigation. Dr. Meyer is right in saying that some die from the effects of alcohol given. We know of a case where a child was brought to the door of death, by the large doses of alcohol given, after being bitten by a harmless black-snake.—ED.]

Hydrophobia.

Editor MEDICAL WORLD:

I herewith send the report of a case which may prove interesting to your readers.

On Friday, August 13th, I was called in consultation with Dr. N., to see Mr. S., suffering, it was said, from sunstroke. Upon my arrival I was struck with the arrangement of the room. The doors and windows were shut tight, with the thermometer up in the nineties. I was given the history of the case, as follows:

Mr. S., went on the morning of Thursday,

August 12th, for Dr. N., to come and see a sick baby; then went to work in his field. Towards noon, seeing Dr. N., coming, he went to the house and on the way was taken with a "vomiting spell." He asked Dr. N., what was the matter, and was told "heat" and a bilious attack, and was advised to keep in the shade. Dr. N., coming to see the baby at night, found Mr. S., feeling better, having taken three comp. cath. pills. He asked Dr. N., if he could do anything for him, so the doctor left a preparation of magnesia sulph. in solution with a little camphor and ammonia, to supplement the action of the pills.

He was called again at three o'clock Friday morning, and found his patient suffering from gasping for breath, and feeling that his breath was leaving him. He had given bromide of potash and belladonna, and used mustard and turpentine nearly all over him. When I arrived at two o'clock P. M. there was no improvement, and Dr. N., had just commenced giving sulphuric ether.

After hearing the above particulars and examining the patient, I was at a loss to diagnose the case to my satisfaction. Dr. N., said he considered it a spasm of the bilious attack. But I disagreed with him on account of the patient's extreme wakefulness, and his having no pain whatever. I asked the patient if he had eaten anything to-day, and he said no, nor drank water. I offered him a drink of water and he fell over (he was sitting propped in bed). I asked him what was the matter, and he said that thinking of drinking water made his head feel upside down. I gave him a swallow in a cup, and he shut his eyes and struggled for fully ten seconds before he could swallow it, and then flung the cup from him and fell back perfectly exhausted. I could but think of hydrophobia! After thinking a moment again of the doors shut, and of the symptoms of hydrophobia given in the text books (I had never seen a case of hydrophobia), such as gasping and not being able to stand a draught of air, or a fanning of air in front of the face, I took up a fan and said, "let me keep the flies off," and made a vigorous stroke of the fan in front of his face. He immediately fell over on the bed and begged me not to do so again. I called Dr. N., outside and said, "Doctor you have a case of hydrophobia." We inquired if he had ever been bitten by a dog or any other animal, and the answer was, "no, not for ten years anyway." But by inquiring more closely afterwards of the neighbors the following fact was elicited. Last May two or three mad-dogs had been killed in the neighborhood, and in the month of June four cows in one herd were taken sick, and died of what was supposed to be hydrophobia. One of these cows was owned by Mr. S., who took her home and doctored her. He drenched her and also put a piece of fat pork down her throat with his hands.

Within half an hour Mr. S., had a worse spell of gasping than usual, and said "I believe this is going all over me, I feel it in my arms and legs." I said, "what? pain or cramp?" and he said "neither! I don't know what it is, but it is terrible." The next spell he had, he got on his hands and knees and bellowed like a cow, and threw his head back just like one. I advised them to tie him, but it was not done until ten o'clock, when he ran out of the house and got three hundred yards from it, when he was brought back and tied to the bed; and during the paroxysms he bellowed, and barked, and took the pillow in his teeth and shook it, aud he also swore fearfully, a thing he was never known to do before. He died at one o'clock P. M., Saturday.

Now the peculiarity of this case is that he did not know he was likely to have the disease, and therefore did not have the dread of the bitten part, but still he had that terrible feeling. What feeling is that? I have written this for the purpose of bringing out the opinions of members of the profession, in regard to the first symptoms of this dread disease, so that it can be recognized in time to prevent accident. In the present case some of the attendants drank out of the same cup with the patient. Also as to the treatment of the disease. I was shown a treatment in an eclectic work (Goss' American Practice), which says, "Dr. Gryzmala says, that he has found the xanthimum spinosum to be a positive remedy in rabies. He says he has cured one hundred cases with this drug." Has it been tried by the "regulars" and what is the drug?

Nicodemus, Kansas. DR. C. H. NEWTH.

[This is a singular case. Bellowing and barking are not symptoms of hydrophobia, though they may occur in delirium from any cause. We will look with interest for the comments of our readers on this case.—Ed.]

Eighty Patients a Day.

Editor MEDICAL WORLD:

In your MAY issue I see one of your contributors sets his practice down at "eighty patients daily for months at a time." This strikes me as phenomenally large, except in hospital practice, or specialism involving exclusively office work. I have been in practice within a year of as long as the gentleman himself, and am doing a large and lucrative professional business, including a fine office practice and large amount

of house to house visiting in town, besides supervising the jail and poor house as health officer, and it is certainly very rare for me to see and prescribe for anything like so many persons per diem. Taking eighty patients a day, and dividing the day into sixteen hours (and no physician gets in more than this "*for months at a time*," certainly, though he may often do so for several days, in a busy season), and granting that the work was all done in his office, and with no allowance for time for meals even, this would give each patient twelve minutes of the doctor's attention, and necessitate a book-keeper and collector to make the charges for same. Thermometry requires not less than five minutes, urinary analysis demands more, and questioning, pulse feeling and tongue inspecting, with a few courtesies about weather, family, etc., in conversation, and the hurried dashing off of a written prescription for each of these patients requires some time certainly. He must be a quick thinker, a sure reasoner, and a rapid penman who can continuously do such a practice "for many months." Surely such a physician needs no library or periodicals—for he has not a moment to read—and he could not do any out-of-town riding,—nay, not even house to house visiting in the town or city itself, unless he could bunch his clients in groups of eight or ten in houses near the office. I think the writer of that article must either be a specialist, or the statement a typographical error. Which?

Eighty patients a day, here in my town, at our regular fee of one dollar for prescription and two dollars per visit at residence, allowing for a loss of twenty-five per cent. on the pauper element, would yield an income of forty to sixty dollars a day—certainly a pleasant picture to contrast against the usually told tale of small practice and poorer pay. I hope that many readers of THE WORLD have such lucrative professional berths, but I fear they could be easily told off on one's fingers.

Athens, Tenn. E. A. COBLEIGH, M. D.

Pneumonia.

Editor MEDICAL WORLD:

In the May number, page 172, Jno. P. Litoushly, M. D., gives his treatment of pneumonia and the stages of the disease, which are startling to an old country practitioner. He says "I consider calomel as a specific in pneumonia, as much so as quinine in intermitting fever. In the congestive as well as the hepatized stage I use it." Doctor, is hepatization a common attendant or part of pneumonia? You also say "where both lungs are hepatized, etc." Is it possible for both lungs to be hepatized and the patient continue to *breathe?* yea, even to recover so promptly under the specific? I cannot understand it. In an extensive country practice of more than thirty years (including four years in field and hospital, C. S. A.) I have never met with but one case of hepatization. The left lung was entirely hepatized. This case recovered under tincture iodine 12 gtt, three times per diem, continued for *six weeks*, with counter irritation by croton oil. I consider congestion of the lungs a fearful foe to contend with, as with the most skillful treatment many die. Inflammation in the lung tissue constitutes pneumonia, for which I find *no specific*. Whatever treatment or drug will reduce or stop inflammatory action is appropriate treatment, provided the patient is not too much prostrated thereby. Each case should be treated according to its own peculiarities. Some will do best under the lancet and tartar emetic, but the majority require a treatment less heroic. Our armory is well stocked with improved weapons with which to contend against the destroyer, from which we can select the ones best suited for *each particular* case. As a rule no two cases can be treated precisely alike; for obvious reasons. Common sense plays an important part in making selections of remedies, best suited to meet the requirements of the many variations that we observe in pneumonia, as well as in other diseases.

Cowan Ford, N. C. J. B. ALEXANDER, M.D.

Treatment of Ivy Poisoning.

Editor MEDICAL WORLD:

My treatment for poisoning from wild ivy, or "fence poison," such as will affect persons who come in contact with this plant among briers and bushes, is as follows:

℞ Ext. plumbi subac..... ʒ iv
Ol. olivæ..... ʒ ij
M. S.—Apply every two hours, four times.

It will cure every time.

Quincy, Pa. DR. HESS.

Rectal Impaction.

Editor MEDICAL WORLD:

I was recently called to a case of rectal impaction that presents some points of interest.

On August 29th, I was called to see Carrie P., a bright little girl seven years of age. The following history was given: She had loss of appetite for two weeks past, but was not sick; constipation for two days with pain in the bowels. Examination revealed some tympanites, and the tongue had a light brown coat. The mother stated that she had already given Miss Carrie five pills within the last two days, without any other effect than to make her feel worse. I ordered enemas, and told them to call me later, if needed. I had just retired for the night when a brother of my little patient called

me, saying that Carrie was much worse, and wanted me to come up at once, which I did. I then learned from the parents that they were unable to give the injections, because they could not introduce the tube of the syringe into the rectum. She had during the day made several attempts at defecation, and during one of these the father had succeeded in removing a small amount of dry, hardened feces, with the loop end of a hair pin.

I then oiled and introduced my index finger into the rectum, when lo, it came in contact with a dry, hard mass of feces, seemingly as large as one's fist. After lubricating the gut as best I could with olive oil, I took a pair of uterine dressing forceps and removed nearly a pint of feces. Among the other rubbish was a large plum pit, which brought to the mother's mind that the child had swallowed a plum pit some two weeks previously, while lying on the floor; this being the nucleus around which the fecal substance had collected. Well, then what? Well, then the whole five pills were heard from at one time; the Doctor had to move slightly to one side, and the patient made a good recovery.

Alba, Pa. C. SMITH, M. D.

Belladonna vs. Opium.

Editor MEDICAL WORLD:

I am pleased with THE MEDICAL WORLD. I knew at first sight that it was just what I wanted. Now mine is an item only, and what I am going to say all medical men have heard of before. But I want to impress the fact on the minds of the profession, that belladonna is the proper antidote for poisoning by opium. My case is very recent. A very stout young man had fallen twelve feet, and broken his collar bone and some of his ribs. He had great pain, for which a large dose of morphine sulphate was given. It proved to have been a poisonous dose. An hour after taking it there were profuse sweating, contracted pupils, great drowsiness, and nausea. Two hours after, the respiration had diminished to about twelve, the temperature had fallen, and the man was in a deep, unconscious stupor.

He was now given 10 drops fl. ext. belladonna. It was truly gratifying to observe its antidotal effect. In less than one hour the patient had fully awakened, his pupils had dilated, his eyes were now open, and he was conscious once more. I think the antidote should be given until the pupils dilate, and very carefully administered always.

Fort Pierre, D. T. J. J. WHITNEY, M. D.

Tape Worm.

Editor MEDICAL WORLD:

Having seen so many formulæ for tape worm in your well appreciated journal, allow me to give one here which I have used since 1881, with marked success:

No breakfast; a large dose of Rochelle salts the night before; and at ten o'clock next morning:

℞ Bark of pomegranate..... ʒ ss
Pumpkin seed..... ʒ ss
Powdered ergot..... ʒ ss
Aethereal ext. male fern..... ʒ j
Croton oil..... gtt. ij

The pomegranate bark and pumpkin seed are to be thoroughly bruised, and with the ergot boiled in eight ounces of water for fifteen minutes, then strained through a coarse cloth. The croton oil is to be rubbed up with the pulv. acacia and ext. of male fern, and then formed into an emulsion with the decoction. The whole to be taken at one dose. Should nausea take place, give small lumps of ice. In my next communication I will give my experience in curing the opium habit, having treated two cases last winter with success. I am pleased with THE WORLD, and wish it the success which it surely deserves.

Sheldon, D. T. J. KNAUS, M. D.

For Malaria.

Editor MEDICAL WORLD:

Permit me to give to the profession through your valuable medium, a simple and a sure cure for chills or malaria. It is a remedy which has often been tried and always—I think I can safely say—proven successful. It is a combination which *must* be taken as directed to be effectual and certain.

℞ Pulv. ipecac comp.....
Quiniæ sulph....āā.....gr. v
Olei piper nig.....
Olei sassafras....āā.....gtt. v
M. Ft. mas. et in pil. no. vij div.
Sig. Take two pills the first hour, and one pill every hour after until seven are taken.

Between the doses take a cup of sage tea with half a teaspoonful of soda, sweetened.

FRANKLIN P. MILLER, M. D.

Brooklyn, N. Y.

Sequelæ of Typhoid Fever.

Editor MEDICAL WORLD:

In answer to your questions in the editorial of the September number:

1. I have seen exceptions to the rule; but indeed, very few.

2. After all fever has left them, perfect recuperation on an average required two to three weeks; exceptionally, four and five weeks.

3. No. The change we noticed was simply reduced mental and bodily vitality.

Kreamer, Pa. J. W. SEIP.

A New "Monstrosity."

Editor MEDICAL WORLD:

Various text books which I have had the pleasure of perusing, mention some very interesting but hideous "monsters"—some mention "double monsters," but I have rarely read of probable quadruple monsters. I believe, however, such a one is reported by Dr. McShane, on page 169 of the May number of the WORLD.

"Eighty patients daily for months at a time," allowing the small span of fifteen minutes time to each, would consume the day and night, lacking about four hours for meals and tired nature's sweet restorer. This is supposing said patients sitting in line, and the prescriptions dictated to the doctor's assistant. And is Carmel a city of such proportions that its "office practice" rivals Philadelphia or New York?

America's humorist says the antiquated female at the mining camp was "600 years old." In an explanatory note he says: "being in a calmer mood now, I voluntarily *knock off one ciph r from the above.*" Will our Carmel friend be equally generous in coming down from his "exalted" flight? Or shall the May number, on his authority, record the most wonderful "monstrosity" yet heard from?

Wheatland, Texas. G. V. HALE, M. D.

Editor MEDICAL WORLD:

Please withhold my ad. for a physician for sanitarium, as the place is filled and over half a thousand applicants in, and hundreds of counties to hear from yet.

Bourbon, Ind. A. C. MATCHETTE.

A Strange Case.

Editor MEDICAL WORLD:

Was requested to attend in confinement, Mrs. M. B., aged 35 years, on the morning of September 9th. Mrs. B. is the mother of five fine children, has had several miscarriages and one child still-born. Found the os uteri rigid and the uterus contracting slightly. In an hour the os became dilatable; then gave ergot per orem, with the result of increased force and frequency of the uterine contractions. Vertex presentation, right posterior occipito-iliac position. Nothing abnormal noticed. Labor progressed naturally. Child large, fully developed, but evidently had been dead for some time prior to the beginning of parturition. Instead of liquor amnii the rupture of the membranes discharged about sixteen ounces of *thick*, *glairy*, *mucus-like substance*, of *dark green color* and so very offensive that doctor and nurse embraced the earliest opportunity of seeking the open air. Not over a drachm of post-partum hemorrhage occurred.

Section of the placenta revealed the same green offensive matter in its structure, and the cord was intact but filled with the same matter. Holding the child, head downwards, large quantities of the offensive pus flowed from its mouth and nostrils. No degeneration of the epithelium or muscular tissue of the child noticeable.

No evidence of the strumous diathesis was perceptible in the mother, nor was there a history of icterus.

I ordered irrigation with solution of potassa permanganate per vaginam, and quinine sulph. et pv. opii per orem every three hours, with careful attention to cleanliness, etc.

The patient is improving, with no present signs of septicæmia. What is the opinion of the profession as to causation, treatment, etc.?

Clearport, Ohio. DR. W. S. RUTTER.

Why Does Calomel Salivate?

Editor MEDICAL WORLD:

In answer to the query p. 309, Sept. issue, "Why does Calomel salivate?" It is because calomel, like all the salts of mercury, in moderate doses, stimulates both the secretions and excretions of every gland in the body.

In the stomach, the salts of mercury combine with the chloride of sodium of the secretions, and are converted into a double chloride of sodium and mercury, which also unites with the albuminous excretions, forming complex combinations of mercury, sodium, chlorine and albumen, which are easily soluble, readily absorbed into the blood, and quickly diffused. In *purgative* doses, however, the salts of mercury (especially calomel) act locally and reflexly (like resinous purgatives), upon the bile ducts and those of other glands and mucous membranes, and with such rapidity, by increasing peristalsis, that they are evacuated with the bile, feces, etc., before the bile can be reabsorbed into the portal system, thus making them *in direct* cholagogues.

In this capacity they are valuable in congestion of the portal circulation and liver, in irritable stomach, whether ulcerated or not, and in diarrhœa referable to an irritant in the alimentary canal. The salts of mercury enter every organ and tissue of the body, and they are apt to remain in them indefinitely, but produce no structural change. They check the growth of germinal cells, the processes of inflammation, especially in syphilis; which is characterized by the growth of young cells around the small blood vessels, which develop into nodes, gummata, eruptions, etc. They are powerful alteratives but should be combined with tonics (quinine) and nourishing diet.

They are valuable in inflammations of serous membranes, such as peritonitis, pericarditis, pleurisy, meningitis and orchitis. Combined with digitalis or squill they increase diuresis, but they must not be given in renal disease, as they then act injuriously on the diseased tubules of the kidneys. They must be avoided in anaemia or debility unless caused by syphilis, and then given with caution. Children bear them well, but prolonged use produces a deformity in the permanent teeth.

In small doses ($\frac{1}{20}$ gr. t. in d. of calomel), the blood is improved, the number of red corpuscles increased and the mucous membranes sedated.

The bichloride of mercury in $\frac{1}{36}$ gr. doses t. in d. prevents hyperplasia of the connective tissues; but in full medicinal doses continued, it produces inflammation and ulceration of the lower bowel, overstimulates the glands, especially the pancreas, impairs oxygenation of the blood, diminishes the number of the red corpuscles, and induces low inflammations in the nerve tissues, even to loss of coordination. It is an effective parasiticide both internally and externally. Salivation is most readily produced by blue mass, next by calomel, and least by mercury with chalk.

Baltimore, Md. DR. C. COLEMAN BENSON.

Answers to Inquiries.

Editor MEDICAL WORLD:

Dr. A. H. Wilson, of Big Valley, Texas, asks for treatment for prolapsus uteri. If the doctor will give the compound tincture of partridge berry and use a strong lotion of Monsel's salt, well injected up to the os uteri, three times a day, he will cure prolapsus uteri this time, and in the future. The palpitation, if nervous, will be relieved by cactus grandiflora, five to ten drops, three times a day.

One of the best local applications for leucorrhœa, if it be vaginal, is permanganate of potash, 1 to 3 grs. to the ounce. Vicarious menstruation is cured by rest, and Senecio Aurens. This is one of the most positive remedies we have for abnormal menstruation.

Dr. J. W. Yancey asks for treatment for enlarged spleen. The fluid extract of Ceonothus Americanus will cure the enlarged spleen. External application of an ointment of Bear's foot root is a good remedy—Uvedalia.

Dr. G. M. Foskett asks what will cure corns. The remedies the editor gives will generally cure corns. The super nitrate of silver will take them out in a few days. Chromic acid will take them out. Incorporate the chromic acid with balsam of fir, and apply to the corn, after it has been scraped down to the quick.

Marietta, Ga. I. G. M. Goss, M. D.

Felix's Case of Prurigo.

Editor MEDICAL WORLD:

In answer to Felix, as to that healthy young widow who has prurigo, I would say that "pin worms" have nothing to do with her ailment.

My treatment is as follows:

Wash the affected parts each time with Castile soap, then apply diluted sulphuric acid to the patch, wash this off, and apply:

℞ Sulphur sublim.....ʒ ij
Vaselin carbolat.....ʒiij ss
M.

If this treatment be continued, with the internal use of a blood purifying tonic, you will effect a cure.

Stanton, Mich. J. B. SULLIVAN, M. D.

Answers.

Editor MEDICAL WORLD:

Dr. C. M. Gibson asks for the treatment of dropsy. As the type he describes, anasarca, may depend on any one of several causes, the treatment will depend on which disease really underlies this condition in his case. Temporary relief may probably be obtained most quickly in any condition by giving a teaspoonful of fluid extract of jaborandi in a cup of hot water. But the final effect of all depressing remedies is bad.

In dropsy with albuminuria I prefer the persistent use of *buttermilk*, or the following:

℞ Potass. acetat.....ʒ j
Chloroformi.....ʒ j
Acid. benzoic.....ʒ j
Aquæ, q. s. ad.....f ʒ viij
M. S. ʒss every four hours.

In obstructive disease of the heart, I prefer:

℞ Tinct. digitalis.....f ʒ iv
Tinct. scillæ.....f ʒ iij
Sp. aeth. comp.....f ʒ xvij
M. S. f ʒ j every four hours.

In this case I am very careful to keep my patient well nourished; and once every three months I give a three weeks course of tincture of iron.

I am sure my patients live longer nowadays than they did twenty years ago, when I was in a big hurry to "cure" the dropsy.

From the location of the gentleman who asks the question I would surmise that malaria may have something to do with the dropsy. I would look for enlargement of the spleen, and if it be present, would give quinine, and sulphate of iron in the huge doses contained in Blaud's pill.

The same pill would be an efficient aid to properly fitting pessaries in prolapsus uteri.

In answer to Dr. Fiester, I would like to suggest that they should give their arsenic, well diluted, before meals, and commencing with five drops thrice daily, run it up as far as the

patient's condition will allow. I have never seen it benefit psoriasis except where it caused itching and oedema of the eyelids. Locally, let them use Vlemingkx's solution every other night till the induration has disappeared, and then follow up with ung. hydrarg. ammoniat.

In regard to Dr. Smith's case, on page 280. He does not give a very full history, not even mentioning the number of the respirations. My diagnosis would be pulmonary apoplexy; due to a very large infarction from embolism, or to the rupture of a thoracic aneurism.

Dr. Jennings will find the following a good formula for giving phosphorus:

℞ Phosphori.....gr. ¼
Ol. morrhuæ.....f℥ iij
Ol. eucalypti.....♏ xv
M. A teaspoonful will contain $\frac{1}{96}$ grain.

Sweet almond oil may be used instead of cod-liver oil. The resin of phosphorus is the only convenient preparation to handle.

Greenville, Pa. MIKE ROBY, M. D.

Treatment of Prolapsus Uteri.

Editor MEDICAL WORLD:

In the August issue of your journal I notice that Dr. Gibson desires the best mode of treatment of prolapsus uteri. Having had a very large experience in the treatment of uterine displacements, I have found most gratifying results from the following mode of treatment: Use Hasting's and Garson's improved abdominal and uterine supporter with Cutter's prolapsus ring pessary attached, regulate the bowels with the compound podophyllin pills, if debilitated give tonics, and for vaginal disinfection use:

℞ Zinci sulph.....℥ ij
Acidi carbolici.....℥ j
Aquæ, ad.....℥ j M.

f℥ j to one gill of water, to be used twice daily, as an injection.

Calhoun, N. C. WM. M. LYDAY, M. D.

For Enlarged Spleen.

Editor MEDICAL WORLD:

For enlarged spleen I would advise Dr. J. W. Yancey to try the grindelia squarrosa if he has not already done so; provided the enlargement is due to malaria. I have used the remedy with perfect success for splenic enlargement, for the past six years.

I give of the fl. ext. ♏ xx, three times a day, in a little water; and continue it for at least three weeks. Be careful to get the grindelia squarrosa and *not* the grindelia robusta; the latter although closely allied has not the same therapeutic action.

St. Paul, Minn. CHAS. H. HOUPT.

Dr. Lister's Case.

Editor MEDICAL WORLD:

I noticed in the August number of THE MEDICAL WORLD that Dr. Lister & Son, Newton Falls, Ohio, ask advice on an obstinate case of psoriasis. I recommend them to try the Burdock seed as recommended by Dr. Reiter, of Pittsburgh, Pa., some three years since, and published by Parke, Davis & Co. I have wondered that some one among the thousands of your correspondents did not mention this article. I tried it in a case of atonic dyspepsia of seven years' standing (hereditary), and after exhausting almost all other known remedies, and the patient about ready to give up and die in despair, even in this apparently hopeless state I found this simple remedy worth all the rest in the catalogue. I shall bless the old doctor (Reiter) as long as I live, for introducing it. I have proved it good in the above case and I have the confidence to recommend it in psoriasis.

Evansville, Ind. E. SPENCER, M. D.

Editor MEDICAL WORLD:

I have been an active practitioner now for the past sixteen years, and have always been a subscriber to two or more Medical Journals, and I must confess THE WORLD is the best work for the busy doctor that I have ever read. I can hardly wait for it. I hope your work will continue as valuable as long as it is published.

Hamilton Square, N. J. GEO. R. ROBBINS.

Quiz Column.

Questions are solicited for this Column. Communications not accompanied by the proper name and address of the writer (not necessarily for publication), will not be noticed.

Diagnosis and Treatment Wanted.

Editor MEDICAL WORLD:

Will you, or some of your contributors or readers, give the diagnosis, etc., of the following case? Aug. 10th, I was called to see Mr. E. E., aged sixty or more.

I found the patient in bed lying on his back, tongue heavily coated, pulse full and hard, temperature 105½°. He complains of soreness of the bowels, especially of the right side. Bowels costive. Urine scanty, but of natural color. Had a severe chill the night before. As we desire to be brief, suffice to say that the patient has been treated on general principles. His fever is remittent in character, and never very high since the fifth day.

Aug. 19th, Patient in bed and on his back with thighs flexed on the abdomen.

Further investigation presented an indurated

or hepatized appearance of the lower right iliac fossa, with enlargement of the spermatic cord and tympanites; also slight œdema of the right limb, and great soreness of the right lumbar region. Patient has had more or less fever every day, and at times wonderful looseness of the bowels, with the feces very offensive. We find no albumen in the urine, on testing with nitric acid and heat, but by slightly acidulating the urine with nitric acid and adding nitrate of silver to it, there appears considerable of a lead colored precipitation in the bottom of the test tube. Who will give the diagnosis and treatment?

N. B.—There has been no *delirium*, no coma nor stupor. Patient conscious at all times, but suffers considerably.

Yeddo, Ind. DR. J. W. DOWDEN.

Treatment Wanted.

Editor MEDICAL WORLD:

I have a case for which I would like the brethren to suggest a prescription. A stout robust man, aged about 40, father of three children, very temperate and regular in his habits, and while his sexual desires are as strong as ever, frequently experiences trouble about having an erection. He says it takes considerable coaxing. Suggestions would be thankfully received through THE WORLD as to best treatment, as he fears impotency. From the history of the case, he has never been an imprudent man, and it cannot be charged to excessive indulgence. He is the very picture of health and has taken no medicine. Nothing abnormal about his generative organs.

In answer to "Dietetics," when a patient is convalescent I let them have anything they want to eat, and I think with good results.

As water to the thirsty earth, and a square meal to the hungry doctor, so is THE MEDICAL WORLD to the busy practitioner.

Sarcoxie, Mo. S. W. HOPKINS, M. D.

[Many men become functionally impotent after passing the fortieth mile-stone of their earthly pilgrimage. I have noticed that this is more frequently the case with stout, plethoric men, who are brain-workers. While the various aphrodisiacs will succeed in stimulating the flagging energies for a little while, and thus enable the subject more quickly to exhaust the small amount of virile power still left him, it is far better in every way that he should take it as a warning that the play-time of youth is past, that its pleasures and follies are for the young men, and to him there only remains to devote himself to the working part of his existence, and the more elevated enjoyment of intellectual pursuits.—Ed.]

Editor MEDICAL WORLD:

I have a case which shows a characteristic syphilitic eruption. Have been treating for syphilis for three months, and have had the case on anti-syphilitic alteratives, such as berberis aquifolia, stillingia, cascara amarga, phytolacca, xanthoxylum Carol. potass. iod., but still there remains a pain within the urethra in the glans penis,—with no discharge. Will some members of the profession give me a reliable treatment and their view of the cause of the pain?

Pratt, Kan. D. D. HALSTEAD, M. D.

Bleeding Piles.

Editor MEDICAL WORLD:

What is the best remedy for bleeding piles? The person only bleeds while sitting at stool and while straining; when the blood spirts out in a fine stream; sometimes bleeding two or three tablespoonfuls at a sitting.

These spells last two or three weeks; then after that the bleeding stops for a while. The person who has these spells says they occur four or five times a year. Will you publish a few of the best known remedies? J. H. T.

[The treatment may be either palliative or radical. To give temporary relief nothing is better than the following:

℞ Acid. tannic.....3 j
"White lead," (Lewis').....℥ j
Adipis.....℥ j
M. S.—Apply after each passage.

With this, keep the bowels soluble by giving a drachm of Epsom salts with five grains of sal ammoniac, in a glass of cold water before each meal.

For the radical cure, the operation must depend on the case. For external piles with strongly contracting sphincter, give ether and dilate the sphincter forcibly to its fullest extent, going around the whole circumference in order that no part will escape.

For internal, painless bleeding piles, I prefer the injection of carbolic acid; though others use the ligature, the clamp, the galvano or Paquelin cautery or nitric acid.—ED.]

Sea Sickness on Land.

Editor MEDICAL WORLD:

Will you please suggest through your valuable journal, some preventive or palliative, of the peculiar sickness of some ladies on riding in "cars, carriages, etc.," attended with terrible nausea, vomiting, etc., and oblige a subscriber?

Bainbridge, Pa. M. D.

[The whole list of remedies for "sea-sickness" may be tried; as, brandy, champagne, cocaine, nux vomica or effervescing caffeine with bromide of potash. A few grains of the latter in a sup of water are often effectual, if

Preparation of Medicinal Pure Pepsin.

(Abstract from *American Analyst*)

Directly after slaughtering, the rennet bag is taken from the stomach and divested of every trace of food or foreign body. The bag is then thoroughly washed and the mucous membrane scraped with a blunt knife. The result is a pulpy substance weighing about two ounces to each stomach, this is mascerated in three times its weight of water for two hours with frequent shaking and filtered through linen; to the liquid is added three drachms of solution of neutral acetate of lead, an abundant precipitate forms which is washed several times with water; it is then charged with sulphuretted hydrogen gas, in large excess, filtered and evaporated to dryness to about 112° F. Thus prepared it should dissolve seventy times its weight of wet fibrine in twelve hours. Other processes are to steep the whole of the stomach in hydrochloric acid and precipitate the pepsine by a saturated solution of common salt.

Having just stated what pepsin is, and how it can be tested, we will add that, as already indicated, the United States Pharmacopia recognizes saccharated pepsin only—this is, pepsin containing ninety per cent. of sugar of milk to every ten per cent. of actual pepsin. In France, starch is employed in place of sugar of milk. It will therefore, be readily seen that if a pure pepsin that is an undiluted or concentrated pepsin could be manufactured, it would be more than ten times as strong as either the saccharated or amyl pepsin. Such has been made, and is known variously as concentrated, crystallized and scale pepsin. It would of course be stronger than the diluted pepsin, not only in consequence of not being diluted, but also from the fact that the material used to dilute it tends to weaken the actual pepsin by its peptonizing action thereon. Again, a well made scale pepsin, being hard and dry, is not liable to be attacked by infusoria and bacillæ.

Physicians when prescribing any remedy naturally desire to use that which is most reliable, even in strength, and always to be depended upon, and when they have once decided which preparation they will use in their prescriptions, want to be certain that that particular preparation is the one used by the apothecary, and therefore, they should be careful to add the name of the manufacturer whose goods they wish, and not trust to the simple word "pepsin," or any of the objectives applied to it by different manufacturers, for the reason that many apothecaries will take advantage of these open doors to use the cheapest pepsin they can buy, and the result to the patient will be different from what the physician had a right to expect to his great disappointment and injury to his reputation. There is no doubt that like all good things the best pepsin made has been imitated, and where nothing else would serve, unscrupulous manufacturers have substituted adjectives in the appellation of their manufactures which, by the change of one letter perhaps, or similarity of sound, were intended to convey the idea to the purchaser that it was the best and purest.

* * * * * * * * *

Much has been said as to the originality and priority of these inventions. That is a matter which we as journalists or our readers do not care anything about, all we have to do with being the question as to which is the best and cheapest to use. No one will deny that a pepsin of full strength is cheaper at even three times the price than one of only the strength of one in twenty-one.

The largest wholesale drug house in the world, that of Gehe & Co., in Dresden, Germany, have placed the weight of their influence on the side of Jensen's by buying his product to the exclusion of every other.

The Courts thus far have decided in the same direction, but a practical test will still further decide the matter. The same writer we have quoted before has made a partial test by the methods he has indicated. We quote his results without giving names before giving the results of the tests made in our laboratory.

"It may be interesting in this connection to give a few of the results obtained by this process with some of the pepsins of the market.

"A so-called 'Turkey pepsin' leads the list. That is, it was found to be absolutely inert. Several samples of commercial pure pepsin were found, one grain of which would dissolve 500 to 700 grains of albumen, and one sample was found to digest 1,150 grains. This is the highest result I have ever obtained from numerous careful tests.

"One of the 'scale pepsins' of the market was found to dissolve 157 grains of albumen, while another sample from the same firm dissolved 350. In fact, there are just as many degrees of strength of 'concentrated' pepsin as there are lots made, since the same conditions cannot always be met with in different membranes used.

"As regards all pepsins, I am inclined to think the manufactures of the United States are far ahead of those of Europe as regards digestive strength.

"These tests are all made in the laboratory of Eli Lilly & Co., Indianapolis."

The tests made by the *American Analyst* consisted of twelve samples of pepsin manufactured by six different firms. All of these were obtained at drug stores, and, after being emptied into clean glass bottles, were numbered from one to twelve, and handed to two different chemists without any knowledge on their part as to the maker of any of the samples submitted. Their reports are as follows:

Number of grains of egg albumen in finely pulverized form dissolved by two grains of pepsin in six hours at a temperature of 100-103° F.:

Sample No.	1	18 grains.
" "	2	19.7 "
" "	3	inert.
" "	4	"
" "	5	508 grains.
" "	6	506 "
" "	7	2018 "
" "	8	2007 "
" "	9	174 "
" "	10	335 "

It is fair to add that specimens Nos. 7 and 8 were Carl Jensen's crystal pepsin.

With these statements we leave the matter to be judged by the reader.

KIDDER'S CRUST PEPSIN

—(PURE.)—

This concentrated animal ferment, prepared by a new process, possesses superior digestive power, is unalterable, and guaranteed free from sugar of milk, salt, acids, or other adulterants.

One grain will dissolve 1200 to 1500 grains of coagulated egg albumen.

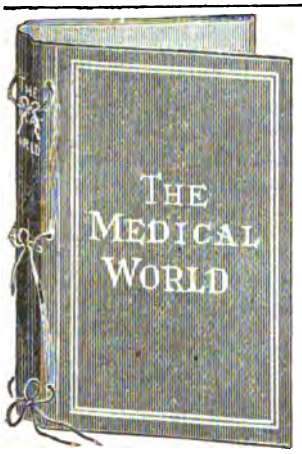
FOR SACCHARATED PEPSIN, U. S. P., 1880.

Powdered Crust Pepsin, 1 part. Powdered Sugar of Milk, 19 parts.

WM. F. KIDDER & CO.,

MANUFACTURING CHEMISTS,

NEW YORK.



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It will be noticed that three short strings have been substituted for one long string, this arrangement being found more convenient.

Bear in mind that we can supply back numbers to January.

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Address, THE MEDICAL WORLD,

1520 Chestnut Street, Philadelphia.

DR. LIEBREICH'S LANOLINE;

A NEW BASE FOR OINTMENTS AND SALVES.

U. S. Patent, No. 271,192. Dated, January 23d, 1883.

Beware of a crude woolfat of bad odor and of a dark color sold as Lanolin, and under similar names.

LUTZ & MOVIUS, Sole Agents,

15 Warren St., NEW YORK.

Dr. KNORR'S ANTIPYRINE, The New Febrifuge.

URETHAN, The New Hypnotic.

—SEND FOR CIRCULAR.—

taken whenever nausea is felt. Agreeable company to divert the attention is better still. To remove the nausea after the journey, we have found nothing better than drop doses of wine of ipecac, every fifteen minutes; with a seidlitz powder if needed.—ED.]

Orange Blossom.

Editor MEDICAL WORLD:

Having noticed an inquiry in the August number of "THE MEDICAL WORLD," in regard to the composition of a vaginal suppository by the name of "Orange Blossom," I herewith send the formula as given in Stearns' "*New Idea*" for November, 1885.

℞	Zinc. sulphate	ʒ j
	Alum	grs. xv
	Cocoa butter	ʒ iij
	White wax	ʒ ss
	Oil sweet almonds	ʒ jss
	Ext. henbane	gr. j

It is described as "an oblong body, about one inch long, by one-half inch wide, and one-half inch thick, weighing full two grammes (thirty-one grains), of a rancid fatty odor, and astringent, metallic taste. The reaction is very acid."

Oakland, Cal. W. V. GRIMES, M. D.

Editor MEDICAL WORLD:

I beg leave to ask for information pertaining to the medical department of the United States Army.

1. How many years of experience, if any, are required in order to be an applicant?

2. *Where* and *when* are the examinations held?

3. What salaries are paid?

4. Where can I obtain a list of the questions last used?

5. Is there any difference between the requirements of the medical departments of the army and navy?

I am a subscriber for "THE MEDICAL WORLD," and like the journal very much.

Greenfield, Indiana. J. F. TRUMP, M. D.

[Apply directly to the Secretary of War, who will furnish all necessary information. The fourth question cannot be answered, unless by the candidates.—ED.]

Editor MEDICAL WORLD:

Please publish in your next issue the formula of Dr. Kauffman's Angeline for acute and chronic rheumatism. I may also state here that the THE MEDICAL WORLD is always a welcome visitor—because it contains so many interesting formula. B. F. DILLIARD, M. D.

East Bangor, Maine.

Editor MEDICAL WORLD:

Please inform me through THE MEDICAL WORLD what is the best means of removing "liver spots."

Can you give the formula for Attwood's bitters? R. W. WHITE, M. D.

Chincoteague Isle, Va.

[A solution of corrosive sublimate, one grain to the ounce, has been suggested. Can any one give a better remedy? ED.]

The East Wants Doctors.

Editor MEDICAL WORLD:

I see by an article in THE MEDICAL WORLD (page 291, Vol. IV, No. 9, for Sept.), that physicians are wanted in the East Indies, etc. Can you give me any further information on the subject that would be of advantage in view of going out there to practice?

Quincy, Ill. E. D.

[Educated European physicians are scarce in all parts of the East; and they very readily obtain lucrative practices. Ten years ago they used to advertise in the Cape Colony papers for physicians, offering to guarantee as much as $3000 a year to any who would settle in the towns. Those intending to practice in New Zealand, Australia or any other English dependency should have the genuineness of their diplomas and the standing of their Alma Mater certified to by an English consul before leaving this country: as the colonials are very discourteous towards strangers, and sometimes throw every possible difficulty in their way.—ED.]

Editor MEDICAL WORLD:

Do you know of any work recently published upon "Urine Tests" microscopically. If so please mention. G. MAGUIRE.

Bloomfield, Sonoma Co., Cal.

[Among the latest works on the subject are:

Deems' Analysis of Urine,	$1 00
Hoffman & Ultzman,	2 00
Marshall & Smith,	1 00

We will send either of these on receipt of price.—ED.]

To Preserve a Body.

Editor MEDICAL WORLD:

Please give in THE MEDICAL WORLD'S next issue a recipe for making a colorless preserving liquid, to preserve a corpse from decomposing for a few days. DR. H. J. PETER.

Ragersville, Ohio.

[Embalmers open the femoral vein or artery, and wash out all the blood with water. The water is washed out with alcohol, and the fat with ether. Then a solution of chloride of zinc

is injected. If the object be simply to preserve the body for a short time, it will be sufficient to wash out the blood and inject with solution of zinc. Any ordinary household syringe will do; such as Mattson's or Davidson's. Platt's chlorides slightly diluted forms an excellent embalming fluid.—ED.]

Sticky Fly-Paper.

Editor MEDICAL WORLD:

You will confer a favor upon the readers of THE MEDICAL WORLD by giving in the October number a recipe for making 'sticky fly-paper."

Ragersville, Ohio. H. J. PETER.

[Take heavy unsized paper (Manilla preferable), paint with common glue and let it dry; then spread the paper with the following mixture:

Castor oil,.....2 oz.
Resin,.....6 oz.
Sugar,.....1 oz.

Melt over a slow fire, stirring constantly; spread while yet warm. *Formulary.*]

Wolcott's Pain Paint.

See page 340 of last year's WORLD, for a formula which closely resembles the original.

We are requested to publish formulas for the following: Atwood's Bitters, Graves' Heart Regulator, Hayden's Viburnum Comp., Kauffman's Angeline.

Can any of our readers furnish the desired information?

Editor MEDICAL WORLD:

Enclosed please find a root. What is it? It cures leucorrhœa. From its resemblance to a boot, I call it the boot plant.

Griffin, Ga. A. T. W. LYTLE, M. D.

[The specimen is a variety of Solomon's Seal; the Polygonatum Biflora.—ED.]

Erratum.

On page 320 of the September number the substance used to color "Moxie" should have read *caramel* instead of *ca'omel.*

FORMULÆ.

The following formula comes very highly recommended, in the treatment of severe pertussis, diphtheria, and the eruptive fevers:—

℞ Acidi carbolici.....♏ xij
Liq. ferri perchloridi.....ʒ j
Glycerini.....ʒ ij
Aq. destil. ad.....ʒ ij
M. Sig.—One teaspoonful every two hours.

Canquoin's Paste for Removal of Cancers.

℞ Zinci chlorid., (siccæ).....part viij
Zinci oxid.....“ j
Flour, dried at high heat.....“ vij
Aquæ frigidæ.....“ j

Mix the oxide and flour. Dissolve the chloride in the water, and, adding the oxide and flour, rub in mortar for 10 minutes.

Mist. Pertussis.

℞ Potass. bromidi.....grs. 16
Syr. ipecac.....
Tinct. opii camph.....
Syr. lactucarii.....
Syr. tolutani.....āā. fl ʒ ½
Aquæ q. s. ad.....fl ʒ 4
Mix.—Dose, a teaspoonful.

Mist. Ferri et Cinchoniæ.

℞ Cinchoniæ sulp.....ʒ 1
Acidi sulph. dil.....q. s.
Tinct. ferri chlor.....fl ʒ 2
Aquæ.....fl ʒ 2
Or,
Sol. cinchoniæ sulph. (30 grs. in fl ʒ 1).....fl ʒ 2
Tinct. ferri chlor.....fl ʒ 2
Mix.—Dose, a teaspoonful.

Mist. Ferri et Quiniæ.

℞ Quiniæ sulph.....grs. 30
Acidi sulph. dil.....q. s.
Aquæ.....fl ʒ 2
Tinct. ferri chlor.....fl ʒ 2
Or,
Sol. quiniæ sulph. (15 grs. in fl ʒ 1).....fl ʒ 2
Tinct. ferri chlor.....fl ʒ 2
Mix.—Dose, a teaspoonful.

Mistura Strychniæ.

HALL'S MODIFIED.

℞ Strychniæ acet.....gr. 1
Tr. cardam. co.....fl ʒ ½
Alcoholis.....
Aquæ.....āā..fl ʒ 2½
Syrupi q. s. ad.....fl ʒ 4
Mix.—Dose, a teaspoonful.

Smith's Bitters.

℞ Tinct. cinch. co.....
Tinct gent. co.....āā..fl ʒ 1
Mix.—Dose, a teaspoonful.

Mist. Aloes Co.

℞ Aloes socotr.....ʒ 1
Sodii bicarb.....ʒ 1½
Glycerinæ.....
Spts. lavand. co.....āā..fl ʒ 2
Ol. Menthæ pip.....♏ 25
Aquæ.....℥ 1
Mix.—Dose, 1 to 2 tablespoonfuls as a purgative; 1 to 2 teaspoonfuls as a stomachic and tonic.

Remedy for Epilepsy.

℞ Sodii bromidi.....
Ammonii bromidi.....āā ʒ ijss
Syr. limonis.....ʒ iij
Aq. dest. ad.....℥ x
M. S.- One tablespoonful four times a day in a tablespoonful of valerian infusion.

This formula has been found excellent, and quite free from the unpleasant effects often produced by continued administration of bromide of potassium.

For Phlegmasia Dolens.

℞ Ext. opii,
Ext. belladonnæ,
Ext. hyoscyami,
Ext. conii sem.....āā.....gr. xlv
Adipis purif.....ʒ j

M. S.—Apply along the course of the swollen vein, and cover with poultices.

Noel Gueneau de Mussy.

For Anorexia of Pregnancy.

℞ Pulv. colombo. rad.,
Pulv. zingiber. rad.....āā.....ʒ ss
Fol. sennæ.....ʒ j
Aq. bullient.....Oj

M. Ft. infus.

S.—A wineglassful before each meal.

L'Union Medicale.

For Gastric Catarrh.

℞. Rad. rhei..... 10.
Aq. bullient..... 100.

Misce et fiat infusum.

Dein adde,

Potas. carbonat..... 10.
Vin. ipecac..... 1 to 5.
Elix. simp. q. s. ad..... 120.

M. S.—A dessertspoonful before meals in boiling water. *Gerhard.*

For Croup.

℞ Syr. ipecac.....ʒ iv
Syr. scillæ co.....ʒ jss
Tinct. opii camph.....ʒ ij

M. SIG.—Thirty drops every three hours.

For Night Sweats.

℞ Sodii benzoatis.....5.00–10.00
Tincturæ belladonnæ.....5.00–10.00
Infusi digitalis, q. s. ad..... 120.00

M. S.—Take a dessertspoonful after each meal and at bedtime. *Prof. Gerhard.*

For Chronic Constipation.

℞ Ext. aloes purif.....gr. xx
Ext. nucis vom.....gr. v
Ext. belladonnæ.....gr. iv
Oleo res. capsici.....gr. ij

M. Ft. mas. et in pil. no. xx, div.

S.—Take one pill after each meal until the bowels are open more than once a day; then take half a pill after each meal until *that* opens the bowels more than once; then take a quarter pill at each dose; and thus decrease the dose, but not the frequency, until well.

Bibron's Antidote.

℞ Hydrarg. chlor. corros.....gr. ij
Potas. iodid.....gr. jv
Aquæ dest.....ɱ v

Solve et adde

Bromi.....ʒ v

M. S.—Ten drops in a tablespoonful of wine or brandy every fifteen minutes. For snake bites.

For Diphtheria.

℞ Hydrarg. chlor. mitis.....gr. x

S.—Give this amount every two hours until the membrane loosens.

The Chelsea Pensioner.

℞ Sulphuris.....ʒ ij
Potas. bitart.....ʒ j
Pulv. guaiaci.....ʒ j
Pulv. rhei.....ʒ ij
Sp. myristicæ.....fʒ ij
Mellis q. s. ft. electuarium.

DOSE.—One to two drachms twice a day. For chronic rheumatism.

Blaud's Pills.

℞ Ferri sulph. pulv.,
Potas. carb. pur.....āā..... ...ʒ ss
Tragacanth, q. s.

M. Ft. mas. et in pil. no. xcvi, div.

S.—Three or four pills three times daily, in chlorosis.

Think the "WORLD" contains more real, valuable working information, to the square inch, than any medical magazine with which I am acquainted. WM. W. GREENE, M. D.
Prattsburgh, N. Y.

PHILADELPHIA, Sept. 15th, 1886.
Editor MEDICAL WORLD, Sir:—By analyzing my calls for catalogues from January, 1st to September 15th, 1886, I find that THE MEDICAL WORLD sums up within six of all the other journals, in which I advertised in that time.
Yours, Truly,
S. S. STAUFER, M. D.
See his page in this issue and send to him for catalogues and full information.

Invermaid, Scotland, August 7th, 1886.
WESTERN SUPPOSITORY CO.,
J. C. Wadleigh, *Prest.*,
91 Washington St., Chicago, Ill., U. S. A.
Gentlemen:—Please send to me at once as many boxes of suppositories No. 19, as the enclosed five dollars will pay for after allowing for postage. Please also send pamphlet with full directions, etc. If you have an agency in Great Britain please mention it.
Respectfully, etc.,
Care of Brown, Shipley & Co., S. A. KUNEY.
Founders Court, Lathbury, C. E., London.

The *Medical Bulletin* for August contains a few words anent Hydroleine. Certain improvements have been made in the process of manufacture by which the preparation is prevented from separation; no matter how long it is kept. No change in the medicinal qualities of the article has been made. We are glad to be assured of this. The introduction of such digested oils as Hydroleine marked a distinct improvement in our means of administering cod liver oil, and we would be sorry to have its efficiency impaired to meet a mere pharmaceutical desire for neatness of appearance.

The improved Hydroleine is a little thicker than the old, but seems just as efficient and pleasant.

REVIEWS.

The Physician's Leisure Library. Published by Geo. S. Davis, Detroit, Mich. A series of monographs, by modern authors, in pamphlet form, with paper covers. They are published monthly, at twenty-five cents each, or two dollars and fifty cents for the year.

The following numbers have appeared:

New Medications, Dujardin Beanmetz. p. 320. These volumes contain much valuable information on the recent additions to our therapeutical resources.

The Modern Treatment of Ear Diseases. By Samuel Sexton. This contains a summary of the results obtained in treating over 2000 cases of ear diseases. It is worth buying.

The Use of Electricity in the removal of Hair, &c. By George Henry Fox. This number is almost wholly a reprint of material which has already appeared in print. The little new material gives no additional information, except to detract somewhat from the favorable results announced in the first publications.

Inhalers, &c. By Beverley Robinson. A very useful little manual of the treatment by atomization, etc. It is well worth the price.

The books are printed on good paper, in clear type.

We do not like the cover; although it is very pretty, it breaks easily, and if the book be carried in the pocket, the cover is worn out before the book has been read through.

The publisher deserves credit for having taken this step in giving the profession a useful series of little works at a very low price.

SPECIAL NOTICE.

Reed & Carnrick will send to any applicant who mentions THE WORLD a neat little packet of Diet Tables, bound in Russia leather. They can be torn out and given to patients or nurses, thus saving a great deal of trouble. When the tablet is exhausted, the publishers will send matter to replace the portions used.

An Experiment.

DEAR WORLD.

I thought that it might be of some interest to you to hear the results which came to one of our clients who took your advice.

That idea of yours, of getting a packet of postal cards and sending for all the samples offered, struck me as being a good one; so I got a hundred cards, and did as you suggested. Three days later the fun commenced. The first time I went to the post office was for the morning mail. The postmaster has known me from infancy, but he looked me over as if he were trying to guess what had so greatly increased my importance, as shown by my correspondence. I borrowed a basket to take my mail home. We were going through it when the express wagon drove up and began to unload. All around we could see the neighbors, with curious eyes, watching the unusual sight.

The three o'clock mail brought another basketful and the express wagon again unloaded a number of packages at my door. Quite a crowd of the neighbors and others formed in the street; and the cook came in nearly bursting with ill-suppressed laughter, to say that seventeen women had come mysteriously to the back door to know whether it was a boy or girl! Public curiosity having been satisfied on that important point, the rumor began to circulate that I was having a Donation Party. Every friend I ever had, every neighbor and every one else, came in on that blessed day to deposit their mites in my entry, in my my office, parlor, bed-room and wherever a vacant space could be found. All my protestations were useless. They merely laughed, pointed to the mountains of stuff, and patted me on the back, saying that it was all right.

At six o'clock the postmaster struck. Now, I don't dare say much about this, here. If I tell the truth, they will say I got the thing up myself; so I have to return thanks in the county paper to the unknown (! ! !) friends who so kindly started the thing, &c., &c., while at the same time I feel like a thief.

Well, I concluded that the only thing I could do was to try to even up, by unloading some of the good things on my kind friends, and this is how I did it:

Tuesday, 3 a. m., Called up to Mrs. Bodenhimer. Twelveipara, V. L. 1st posish., 4 hours labor, male, weighed 8¼ lbs.

I had had a bad case of erysipelas on hand, and feared septic poisoning: but took the precaution to wash my hands in a strong dilution of Listerine, (1) and had no difficulty. She had always suffered with after-pains; so I left her a bottle of Hayden's Viburnum Comp., (2), which knocked the pains silly.

Got back to an early breakfast, and had just time to swallow a cup of coffee, when I had to run to see O'Doherty's boy who was roaring with colic; cause, green apples, remedy, Acid Mannate, (3) result, appearance of cause, disappearance of effect. Mem.—There's *one* cathartic you can give a boy and not have him scoot to the woods every time he sees you thereafter.

Got back in time to meet old Ponnygreser, who has cancer of the stomach. Poor devil! he could not keep a morsel of food on his stomach, till I sent him my sample bottle of Lactopeptine (4). He tells me its the only relief he has had for many a day. Mrs. Marshall came in with her baby—she, as pallid and lean as an Alderney cow, and the little whelp fat and chubby. She goes all to milk. I put her on Scott's Emulsion (5) double-quick told her to give baby a good feeding with Lactated Food (6) three times a day, and not to nurse him at night. Mem.—I think I beat Bacillus Tuberculosis just enough to shut the door in his face.

Here's my chlorosis woman, never well since Baby the First's reign. Now, madam, you *must* take iron, and as the ordinary forms don't agree with you, try this bottle of Colden's Liquid Beef Tonic, (7) No. 1. You cannot digest beef, but Kidder's Pepsin (8) will digest it for you, and beef you *must* eat. Mem.—She wants me to write to Colden for his price per gallon.

The monotony was varied just here, by a sudden rush of people into my office, with a man bleeding profusely from a wound in the scalp. Now, I don't like to put stitches in the scalp—a little of the early teaching that sticks in one's head like Effectual Calling. But since Snowden sent me that Iron Dyed Silk (9) I've dropped that notion. So I stopped the blood with cold water and antipyrine, sewed him up and sent him off rejoicing. Now, if there is anything I really do enjoy it is my new Lutz, (10) two wheeler. No back-ache in it! I threw in my bags and drove down the street in a hurry, for I had a big list that day, and was late getting started. My first call was on Mrs. Rittenbanner. She has phthisis, poor soul, but her children are not big enough to be left alone, and she struggles with her enemy bravely. I gave her that big bottle the Maltine (11) people sent me, and told her to take a toasted cracker with each dose, an hour before each meal. Mem.—I didn't believe anything short of a trip to Florida could have done that woman as much good.

(1) Lambert & Co., St. Louis.
(2) W. R. Hayden, M. D., Bedford Springs, Mass.
(3) Rio Chemical Co., St. Louis.
(4) New York Pharmacal Association, New York.
(5) Scott & Bowne, 132-4 S. 5th Ave., New York.
(6) Wells, Richardson & Co., Burlington, Vermont.
(7) C. N. Crittenton, 115 Fulton St., New York.
(8) William F. Kidder & Co., 83 John St., New York.
(9) William Snowden, 7 S. Eleventh St., Philadelphia.
(10) G. W. Lutz & Co., Indianapolis.
(11) Maltine Manufacturing Co., 182 Fulton St., New York.

PARVULES.

This is a coined word, meaning small doses in globular form for frequent repetition. It is claimed in its behalf that it is the only perfect dosimetric system of administering medicines. It enables the physician to regulate with certainty the action of the drug, the rule being to give one Parvule every hour; or two every two hours, etc. Any age can be suited. This does not compromise allopathy because reference to the list of this class of remedies prepared only by Wm. R. Warner & Co., of Philadelphia, will show that in nearly all cases 24 Parvules a day or the average of one per hour would be full dosage. For instance, 1-50 gr. Morphia in each would be half a grain a day. In cases with Calomel it is a recognized fact that small doses produce wonderful effects. One or two Calomel Parvules taken every hour for six doses have marvelous effect. The Parvules of Aloin in certain cases, periodically taken, produce great effect and comfort. A logical explanation of the exact action of minimum doses is an impossibility in the present state of Physiological investigation. Bartholow says that the thereapeutical action is the physiological antagonist of the diseased action. The only certain principle of action, however, is found in actual experience. Drs. Peter, of Paris, Ringer, Bartholomew, Dessau, and others, equally well known in the literary arena, have cited numerous cases of almost every variety of disease wherein they brought about a desired result by the adoption of minimum doses when all other plans of treatment had failed. The Parvules are elegant in form and certain in action. Their mode of preparation, together with their action upon secreting surfaces, prevent cumulative effects.—*American Analyst.*

TO PHYSICIANS ONLY.

WM. R. WARNER & CO.'S SOLUBLE COATED PILLS.

WM. R. WARNER & CO.'S experience of quarter century affords perfection and excellence in Pill making. These pills have stood the test of time and are kept by all leading druggists. The following special formulæ are worthy of attention:

Pil. Permanganate of Potash.

(EACH CONTAINING TWO GRAINS.) (WARNER & CO.'S.)

The Medical Profession have recently had their attention called to the successful use of Permanganate of Potash as an emmenagogue, and we have so far succeeded as to present it in pill form without decomposition, as will be seen by the development of a dark red colored solution when the pill is first dissolved in water. In this way an advantage over all other methods of administering Permanganate of Potash is gained.

(WARNER & CO.'S.)

Pil. Antidyspeptic.

Containing

Pulv. Ipecac	⅔ gr.
Pulv. Piper Nig.	1½ gr.
Strychnine	1-20 gr.
Ext. Gentian.	1 gr.

The above combination is one of Dr. Fothergill's recipes for indigestion, and has been found very serviceable. In some forms of dyspepsia it may be necessary to give a few doses, say one pill three times a day, of Warner's Pil. Anti-constipation.

(WARNER & CO.'S.)

Pil. Lady Webster.

Lady Webster Dinner Pills. This is an excellent combination, officinally designated as Aloes and Mastich, U. S. P. We take very great pleasure in asking physicians to prescribe them more liberally, as they are very excellent as an aperient for persons of full habit or gouty tendency when given in doses of one pill after dinner.

(WARNER & CO.'S.)

Pil. Ferri Iodide.

(ONE GRAIN IN EACH.)

The dose of Iodide Iron Pills is from ONE to TWO at meal-times, is recommended and successfully used in the treatment of

Pulmonary Phthisis or Consumption.	Anæmia and Chlorosis.
Caries and Scrofulous Abscesses.	Loss of Appetite, Dyspepsia, etc.

In cases where Iodide of Iron is prescribed, it is absolutely necessary for the physician who relies on the therapeutic action for beneficial results, that the compound should be perfectly protected, and so prepared as to remain inalterable.

With this important fact in view, we have devoted special study to Iodide of Iron in pilular form, and are warranted in announcing that WARNER & CO.'S IODIDE OF IRON PILLS meet all requirements, being the most perfect preparation of the kind.

WM. R. WARNER & CO.,

Sept. 1886. **Manufacturing Chemists,**

PHILADELPHIA. NEW YORK. LONDON.

Down the lane in a little log hut lives old man Poppino. He is just over a long spell of rheumatism, and is pretty weak. As he said, its no use for me to give him anything for his appetite, because he hasn't enough food to satisfy what little appetite he has. So I left him the bottle of Magee's (12) Emulsion, which is food and medicine both. Saw him moving down in the clearing a week later.

Now my next was a hard case to handle. She has an ulcer of the stomach: and the stuff the text books tell you to use is just trash. What's the use of putting sulphate of soda into a woman who don't weigh eighty pounds now? I just gave her that can of Beef Peptonoids (13) and told her to stop eating, but mix up a dose of it, with a glass of hot milk and a little of Jensen's pepsin, (14) and inject it into the rectum four times a day. Jimminy! That party marched into my office two days later to ask me where she could get another can!

What a nuisance these women are who "can't take oil." Not that I blame them much, but when a man's got to do a thing he does it, but when a woman's got to do it, she won't. I got her this time though. Angie Mc Cloud has been taking Hydroleine (15) for a month and hasn't found out yet that it's oil.

Now here's another nuisance! What *will* stop chorea? I've tried all the old chaps, but they don't shorten it a day. I used to believe in cimicifuga when I could get it fresh, but I have'nt the time to gather it. I'll try this bottle of Keith's, (16) and see if it beats the old effete preparations.

P. S. That boy was well in two weeks. I gave the same thing to his mother, who was getting melancholy after her confinement, and she says she wouldn't part with that bottle for its weight in gold. Wish I'd known of it sooner. Well, that finished up my morning's work. I got back to the house, put my horse up, got my dinner, and went at it again.

Mrs. Gegenheimer came in to get something for leucorrhœa. I gave her a bottle of Ominico, (17) and told her to get a Lady's Syringe. (18) She was constipated, as most women are, so I let her have a little Cascara Cordial. (19) Did I give her my own bottle? Not much!

Paul Jubbock came in wheezing with emphysematous asthma, and I had to let him have a whiff of compressed air from Wallian's pneumatic cabinet. (20) He has been up a dozen times since, trying to get me to sell it, but I only laughed at him. Now he wants me treat him by the year.

How those barbers wield their razors! Pete McCue got into a row with one, and got a slash about nine inches long across the back. I had nothing to heat plaster with, but fortunately had some of Seabury & Johnson's (21) rubber adhesive and used it. Some chap blurted out, "well Doc. you take the cake! I never saw a feller before who could make a plaster stick without lickin' or heatin' it."

There has been a little small-pox in the slums, and several persons came in to be vaccinated. I got some bovine points the other day which were warranted to take, and not more severely than human lymph. So they did—in fact it didn't take me long to see that they really were charged with human lymph. So I fell back on Wyeth's (22) for if their points do happen to fail, as genuine bovine virus must be expected to do occasionally, they are always ready to replace them. Its easier to re-vaccinate than to cure syphilis,

Mrs Boyle brought in her boy, who had the ague. He looked pretty bad: and she said his stomach was so delicate that he could not take medicine. I gave him a box of McKelway's (23) quinine wafers. She has just been in to say that he is much better, but that he got hold of the box and ate the whole lot, Well! I know how to give quinine to children hereafter.

Old Mrs. Detweiler has incurable mitral disease. I have been fighting off the dropsy a good while, but her stomach will take so little food that it has bothered me to get anything in it rich enough and yet digestible. That bottle of Kochs' Meat Peptones (24) filled the bill. She used the two ounce bottle in two days: and it seems that it gave her stomach strength to digest other food.

Mrs. Bruegel sent word that the old man had been sampling a new kind of beer, and something in the twenty-seventh glass had given him a headache. In the big box of formula books, prescription blanks, visiting records and samples of all kinds which Warner (25) had sent me, was a bottle of caffeine with bromide of potash. I sent him a few doses, but kept the bottle, for it's one of those things you sometimes need yourself. Two doses fetched his headache.

A poor, half-starved little chap came to the back door to ask if we had any cold scraps. My wife found that they were living back in the outskirts of the town, and the mother was sick. So, of course, tired as I was, I had to go and carry the basket. Do you know, Mr. Editor, if I hadn't taken that bottle of Llewellyn's (26) Tonic Coca Wine with me, that woman would not have lived through the night? Well, we fed her up for a week using all the Albumenoid Food (27) we had, and lots of other things, and at last she pulled through.

It did seem as if that was bound to be a full day. I had just popped into bed, when bing! went the gong, and I had to hop up and go over to see old Borgerman, who had another lot of snakes in his boots. That didn't take long, as I knew just what to do. They say that a man can't half treat a typhoid fever unless he has had it himself. If that's so the man who got up Bromidia (28) must have had the D. T.'s pretty often; for a more perfect hypnotic in that disease has never been put together.

Now only one word more, Mr. Editor, as to the net results of my little experiment. My practice has increased until I've had to get a book keeper, and think of advertising for a partner. Every day I hear myself talked of as "go-ahead," "spunky," "up-to-all-the-new-dodges," "what-he-don't-know-isn't-worth-knowing," etc., etc.

The druggists here are selling more in a day than they did in a week. I've got more cures to brag of, more money in my pocket, more bright looks to greet me than I've ever had before. I've learned that other men are working besides myself, and that if I want to avail myself of all the good ideas they are developing, I've got to look out for the advertisers.

Harthegig, B. C., M. D.

[Go thou and do likewise.]

(12) J. A. Magee & Co., Lawrence, Mass.
(13) Reed & Carnrick, Cor. Hudson & Harrison Sts., N. Y.
(14) Carl L. Jensen, 2039 Green St., Philadelphia.
(15) William F. Kidder & Co., 83 John St., New York.
(16) B. Keith & Co., 75 William St., New York.
(17) S. W. Neuer & Co., 10 Cedar St., New York.
(18) Goodyear Rubber Co., 57 Maiden Lane, New York.
(19) Parke, Davis & Co., Detroit.
(20) E. P. Wallian, 22d St. & 10th Ave., New York.
(21) Seabury & Johnson, 21 Platt St., New York.
(22) John Wyeth & Co., Philadelphia.
(23) McKelway, 1410 Chestnut St., Philadelphia.
(24) T. C. Weygandt, 25 Warren St., New York.
(25) William R. Warner & Co., 1228 Market St., Philadelphia.
(26) W. H. Llewellyn, 1600 Chestnut St., Philadelphia.
(27) Emerson Manufacturing Co., 43 Park Place, New York.
(28) Battle & Co., St. Louis, Mo.

THE MEDICAL WORLD.

The knowledge that a man can use is the only real knowledge; the only knowledge that has life and growth in it and converts itself into practical power. The rest hangs like dust about the brain, or dries like raindrops off the stones.—FROUDE.

The Medical World.

Subscription to any part of the United States and Canada, ONE DOLLAR per year. To England and the British Colonies FIVE SHILLINGS per year. Postage free.

These rates must be paid *invariably in advance.*

Notice is given on the wrapper when your subscription expires. You are invited to renew promptly, when this notice is given. This is necessary if you wish to continue to receive THE WORLD, as it is sent only as long as paid for.

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☞ Pay no money to agents for this journal unless publisher's receipt is given.

C. F. TAYLOR, M. D., EDITOR AND PUBLISHER.

W. F. WAUGH, A. M., M. D., ASSOCIATE EDITOR.

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VOL. IV NOVEMBER, 1886. No. 11.

Hydrophobia.

As old and exploded notions concerning this disease are continually being resurrected, it is well to notice briefly the conclusions already arrived at by those who have most carefully studied it.

Rabies is *not* due to the difficulty of gratifying sexual appetite, caused by the destruction of nearly all female dogs. The fallacy of this theory is shown by the occurrence of rabies in bitches, in castrated dogs, and in wild animals.

It arises only by infection. When it rages along the bank of a river, it never crosses unless there is a bridge which dogs can cross. If there is an island which dogs cannot reach, the dogs on the island never become rabid, even though the disease rages on both banks.

Domestication will not account for rabies, as it prevails also among wild animals.

Starvation and ill-treatment failed utterly to produce rabies when the experiment was made.

Anger, tænia, flea-bites, eating the flesh of rabid animals, and many other causes have been proposed, but none of them have ever been proven to give rise to the disease.

Though many observers doubt the existence of rabies, the weight of authority and evidence is in its favor. Still, Youatt allowed himself to be bitten many times by mad animals without contracting the infection. He finally became unnerved, however, and fearing rabies, committed suicide.

So far as known the infection is transmitted only through a wound.

The germs long remain confined to the neighborhood of the injury. The disease is not due to summer heat. It occurs almost as often in winter. Epidemics have been recorded in Greenland and Algiers.

The wound is more likely to cause infection if the bitten part be naked.

Several wounds add to the danger.

The skin need not be broken to insure inoculation, if the epidermis be scraped off.

The bites of dogs as yet only in the incubative stage will produce rabies. Every wound by a stray dog should be treated as if the dog were known to be mad. The bites of dogs that are not mad never produce rabies; and the advice given to kill such dogs lest they go mad subsequently is ridiculous. Wolves' bites are the most fatal.

Forty-seven per cent. of those bitten by dogs known to be mad take hydrophobia; eight per cent. of those bitten by dogs suspected of being mad take the disease. Of those whose wounds are cauterized thirty-three per cent. take it; of those not cauterized, eighty-three per cent.

Of those bitten on the face ninety per cent. become rabid; of those bitten on the hands sixty-three per cent; on the legs twenty-eight per cent., and on the arms, twenty per cent.

Is the disease a myth, and are the symptoms due to fear? This is untenable, as children under two years of age have died with rabies.

It may be simulated by hysteria, or by fear, even to the fatal issue.

It is *not* traumatic tetanus.

It is *not* septicæmia.

It is *not* meningitis, though all these diseases have been mistaken for it.

The incubation varies:

6	per cent.,	3 to 18 days.
60	"	18 to 64 days
34	"	over 64 days.

The stage of incubation is often from three to six months.

Rare and doubtful cases are recorded where the virus is said to have lain dormant for two years or more.

Recently there has been an article going the rounds of the secular press, concerning the presence of vesicles under the tongue during this stage. It is said that the extirpation of these vesicles will prevent the outbreak. These vesicles, known as Marochetti's, were brought to the attention of the profession long ago, and found to be of no consequence; their extirpation having no effect on the course of the disease.

Sometimes the patient snaps like a dog, or makes sounds indistinctly resembling a bark. This is altogether accidental. There is no possible reason why we should suppose anything of the dog's nature is transmitted with the virus of rabies, or that infection derived from a cow has any tendency to make a patient bellow. Such tales are told because persons are on the look-out for wonders, and are ready to imagine a resemblance to a bark or a bellow, even if not very close. There is no more reason why a man with rabies should bark, than there is that one who has chicken-lice on his body should cackle.

The first point in the treatment is prophylaxis. Beware of stray dogs. Kill useless animals. Kill all dogs bitten by rabid animals. When a person is bitten, destroy the virus at once by the cautery. Keep up suppuration for six weeks. Suction with cupping glasses was recommended by Celsus, 200 B. C.

Excision of the wounded part should be performed if possible. If the bites be numerous the part may be washed with lotions of corrosive sublimate or carbolic acid.

In the treatment of this fatal malady the only remedy worth mentioning is chloroform.

The phenomenal rush for the "World Binders" is not abating.

Doctors in India.

We receive so many letters concerning the need of physicians in the East, that I requested my friend Col. Butler to write something on the subject.

His interesting letter will be found among the "original communications."

Col. Butler spent thirteen years in India, and is well qualified to speak on the subject.

In 1874—5 I was in South Africa. At that time physicians were very scarce. Advertisements offering 350, 500, and even 600 pounds guaranteed for two years, to any physician who would settle in certain districts, stood in the Cape Town journals for six months at a time without any satisfactory applicants appearing.

An apothecary who deserted from an English man-of-war had settled in one town and built up a thriving practice in a few months.

I was assured that American physicians are particularly suited to this country, as the great mass of the people are Dutch Boers, many of whom would prefer to die rather than allow an English physician to visit them.

Living is inexpensive, and the climate remarkable for its salubrity. Cholera and yellow fever have never visited the Cape Colony; ague is unknown; typhoid fever and consumption are rarely present except among the Kaffirs; and leprosy exists only among the latter race.

The most prevalent and annoying complaints are rheumatism and ophthalmia.

I was offered a guarantee of $5,000 per year to settle in Cape Town. But let me say to any physician who is earning a decent living in America, think twice, yes, many times before you leave this country for any other. There are many blessings we never know how to value until we lose them.

The officers and crew of our vessel made up a purse to send home to this country an American and his family we found at Cape Town. For some reason he had become dissatisfied with the United States, and emigrated to South Africa. I well remember him, standing on the deck, the tears streaming down his face as he thanked us for enabling him to return to "God's country" once more; and declared that henceforth it would be good enough for

him, if he could only get back to it. I think we soon after retired to the ward-room, and pledged that glorious country all round, with a little more patriotic pride than usual.

DR. WILLIAM F. WAUGH, Editor of THE MEDICAL WORLD, has been appointed Secretary of the Section of General Medicine, in the International Medical Congress.

INDEX OF DISEASES.

In this index the diseases are taken alphabetically, and prescriptions embodying the latest and best treatment for each disease are given. The index will be continued from month to month until the catalogue of diseases is exhausted. Began in March number.—L. L.]

Diphtheria.

Glycerine of carbolic acid to mucous membrane, twice daily.

Liquor sodæ chlorinatæ, to throat.

Inhalation of iodine.

Liq. ferri perchloridi, painted on throat, and large doses of same internally, every hour or two.

Lactic acid, ʒ j, in an ounce of water, as spray.

Insufflation of powdered sulphur.

Calomel, every hour or two.

Lime-water, as spray.

Inhalation of turpentine.

Strong solution of tannate of quinine, as spray.

Solution of sulphate of copper as an emetic, and also as a solution for destruction of diphtheritic membrane on cutaneous or nasal surface.

Bromine inhalations, and bromine internally, one or two drops diluted every three hours.

℞ Tinct. iodi.....mx vj
Tinct. aconiti.....mx xvj
Aq. dest.....fʒ ij
M. S.—One teaspoonful every hour.

Acid. hydrochloricum dil. mixed with honey, applied locally.

Ice, continually sucked.

Monsel's solution with glycerine and water, applied locally.

Potass. permanganais, gr. x to O j water, as a local application or as spray.

Nitrate of silver, gr. j to ʒ j water, as spray.

Sulphurous acid spray.

℞ Potass. chloratis.....ʒ ij
Mellis.....ʒ ss
Aq.....ad. fʒ vj
M. S.—As a gargle.

℞ Potass. chlorat.....gr. v
Tinct. ferri perchlor.....mx v
Aq. dest. et syrupi, ad.....fʒ ij.
M. S.—Every two or three hours.

℞ Acidi sulphurosi.....ʒ vj
Glycerini.....ʒ jv
Sol. potass. chlorat., (saturated).....ad. ʒ viij
M. S.—A teaspoonful every hour.

℞ Quiniæ sulphat.....gr. ½
Tinct. ferri perchlor.....mx iij
Potass. chlorat.....gr. iij
Aq. et syrupi.....ad. ʒ j
M. S.—Every two hours.

℞ Acidi salicylici.....ʒ ss
Glycerini.....ʒ ij
Aq. calcis.....ad. ʒ viij
M. S.—Use as spray.

Glycerite of borax, as local application.

℞ Quiniæ sulphat.....gr. x
Acid. hydrochlorici, dil. q. s.
Glycerini et aquæ.....āā.....ad. ʒ j
M. S.—As spray.

℞ Sodæ bicarbonatis.....ʒ j
Aq. calcis.....ʒ j
M. S.—As local application.

Pepsin, dissolved in glycerine, locally.

℞ Quiniæ sulphat.....gr. xij
Potass. chlorat.....gr. l
Tinct. ferri perchlor.....ʒ j
Syr. zingiberis.....ʒ j
Aq. dest.....ad. ʒ iij
M. S.—One teaspoonful, in water, every two hours, for a child.

℞ Liq. strychniæ.....P. B. ʒ ss
Liq. ferri perchloridi.....ʒ jss
Aq. dest.....ad. fʒ viij
M. S.—One-sixth part three times a day, during convalescence.

℞ Acidi borici.....ʒ j
Tinct. ferri perchloridi.....ʒ ij
Potass. chlorat.....ʒ ij
Aq. et glycerini.....āā.....ʒ jss
M. S.—A teaspoonful every four hours, for a child.

℞ Acidi carbolici.....mx viij
Liq. ferri subsulphat.....ʒ ij
Glycerini.....ʒ j
M. S.—To be applied locally, two or three times a day.

Resorcin (20 per cent. solution), applied locally.

The professional appetite for "The Formulæ of American Hospitals" seems inappeasable. Why didn't somebody get out long ago a book which everybody appears to need?

A friend went to the Hot Springs for change and rest. The waiters got his change and the hotels the rest.

The Current Medical Thought.

Mercury in Syphilis.

There is one remedy for syphilis, and its name is mercury. The other so-called specifics for this disease are simply trash. But a successful application of the remedy requires a full comprehension of the method of giving it and its mode of action. I do not believe there is anything specific in the action of mercury in syphilis. The specificity is in the disease.

Mercury is a destroyer. Given in a certain dose it melts down and destroys the tissues of the human body. The germs of syphilis are contained in the products of the disease—the syphilitic nodes, gummata, condylomata, glandular indurations and neoplasms generally.

On these syphilitic tissues mercury exercises the same destructive energy as upon the normal structures of the body.

But syphilitic tissues have a low grade of vitality. They tend to break down at any rate. Hence it happens that *a dose of mercury too small to destroy normal tissue will yet be large enough to destroy these low grade syphilitic tissues.*

This is the whole secret of treating syphilis. The object is to give as large a dose as possible, short of salivation.

I prefer blue mass as the most manageable and least irritating. The following is my prescription:

℞ Mass. hydrarg..... ʒ j
Opii pulv..... ʒ ss
Cinchonæ pulv..... ʒ ij
Oleores. capsici..... gr. xx
M. F't. mas.

Of this I direct the patient to take fifteen grains a day, in divided doses. If in a week no evidence of salivation ensue, I gradually increase the dose until the gums begin to show that the drug is affecting the normal tissues. This is usually when the daily dose nears thirty grains.

Then I drop a few grains, say to twenty-seven, and if the signs of salivation disappear, I continue this dose, never missing a day, for one year after all signs of syphilis have disappeared. It is like putting out a fire. Put it *all* out, don't leave a spark, or it may light up the whole conflagration again.

If the signs of salivation persist, I lessen the dose a few grains every three days, until the mouth resumes its natural aspect. Sometimes the dose should be diminished for a few weeks, if there be a morbid tendency to ptyalism. Or, after taking the mercury awhile, the system will tolerate a larger dose.

How long can mercury be given in this way? I don't know. I have given it for two years with no bad effect.

It must be remembered that normal tissues once destroyed by syphilis cannot be replaced by mercury. A gumma may destroy a tract of brain substance permanently, which could have been saved, had mercury been given when the first brain symptoms presented themselves.

Has iodine no place? In threatened cerebral syphilis it will act quicker than mercury, if given in efficient doses—sixty to three hundred grains daily. With this should be cojoined mercurial inunctions.

In the local treatment of syphilis mercury is the best application.

Syphilitic affections of the skin respond quickly to the application of lotions containing corrosive sublimate, a grain to from one to four ounces of water.

Prickly Heat.

I have tried everything that a fat man suffering the tortures of sheol could think of, and got no relief until I used a two per cent. aqueous solution of sulphate of copper, applied with a bit of soft sponge and allowed to dry on the skin. It dries up the eruption in from one to three days. The wash should be applied morning and night.—(*St. Louis Med. & Surg. Journal.*)

Writer's Cramp.

Dr. Woodbury, in the *Annals of Hygiene*, presents a pen for the use of those who have a tendency to *stab* the paper while writing. The pen has a spring in the handle, which allows the point to give way when the stabbing is done. Dr. Woodbury also speaks of the comfort derived from the use of a piece of gum tube drawn over the penholder, making it easier to hold than the smooth surface of the latter.

Many substances are known to occasionally cause concretions in the intestinal canal, notably magnesia, bismuth, oatmeal, and cocoa-fibre, bound together in solid masses by superabundant mucus, the intestinal canal being in a state of chronic catarrh. Dr. Strahan (of Belfast, Ireland), has recently drawn attention to the fact that large doses of iron are apt to produce the same results, more especially when administered in the forms of tincture of the perchloride, or the dried sulphate. After taking large doses of these for some time, quantities of black sand like matter are voided—an insoluble sulphide of iron. The remedy for this condition is a large dose, well diluted, of common sulphate of magnesia. This also prevents the formation of these concretions, when combined with the iron.

Earache.

Acute catarrh of the middle ear, or earache, is one of the easiest aural affections to manage, when taken in time: from neglected cases come most of the hopeless cases of middle ear inflammations. In infants it may be diagnosed by the pain manifested on handling the ear.

In acute cases, leeches are the best means of treatment; two to four being applied in the tragus, some well in the meatus on the anterior wall. The cavity should first be plugged with cotton. The leeches should be allowed to drop off, and the bleeding should be encouraged for half an hour longer. If this does not relieve pain, give opium; cautiously, if there be fluid in the middle ear, for this should be evacuated.

Next to blood-letting is hot water, a steady stream being allowed to flow into the ear from a fountain syringe. The water should be made warmer until it is as hot as can be borne. Afterwards the ear should be dried out thoroughly. This operation should be repeated every one to four hours, as needed. As an after treatment, to follow leeching, it is sometimes useful. When the drum bulges it should be opened. Cocaine, etc., are of little use.—*Atlanta Med. & Surg. Journal.*

Naphthaline, in addition to its disinfectant action on alvine excretions, has the property of retarding the putrefaction of urine, and has been successfully employed in diseases accompanied by fetid urine. Twenty grains have been given, in the twenty-four hours, in cystitis, chronic prostatitis, pyo-nephritis, old strictures, etc.; in all these, the fetidity of the urine has disappeared in a short time, and it has become limpid, slightly acid, and, in fact, normal. Its action is infinitely superior to that of turpentine, boric or carbolic acids; and its best effects are produced when administered by the mouth.

Infantile Convulsions.

The convulsions which attend teething, intestinal irritation from worms, constipation, or overdistension, and sudden recession of cutaneous eruptions, are due to irritative excitement transmitted from the peripheral nerves to the medulla oblongata. Other convulsions are due to the introduction of foreign substances into the blood, as in uræmia, narcotic poisoning, or from the infection of such contagious diseases as scarlet fever, measles, or small-pox. When death occurs, it results from asthenia, spasm of the glottis, cerebral congestion and coma.

A woman was recently burned to death in New York, a spark from a cigar having set fire to her celluloid bustle.

Milk-poisoning.

Drs. Newton and Wallace, in the *Annals of Hygiene*, give an important report on the cases of milk-poisoning at Long Branch last summer. Seventy-three persons were seized with symptoms of gastro-intestinal irritation, nausea, vomiting, cramps, and collapse; a few had diarrhœa. It was found that all those affected had taken milk, and that those who did not use the milk escaped.

The next step was to find out what was the matter with the milk.

It was found that one dealer supplied all the milk used at the three hotels affected. Furthermore, it was only the milk supplied at night which produced sickness, and the milk from but one farm was at fault.

The cows on this farm were in good health, and, besides being at pasture, were well fed with bran, middlings, and corn meal.

Analysis showed that no chemical substance had been added to the milk, that it was of average composition, that no polluted water had been added to it, and no metallic poison was present.

It was found, however, that the cows were milked at noon and at midnight; that the product of the noon milking was placed, while still warm from the cow, in cans; and carted eight miles during the hottest part of a July day. No attempt was made to cool the milk before transporting it.

The result was the development of a ptomaine, which was extracted from the milk, and which answered the tests for tyrotoxicon.

The practical recommendation was made that milk should not be transported until thoroughly *cured* by cooling; and should be kept cool in transit.

The Best Diaphoretic.

Zelenetski, after testing the effects of hot baths, pilocarpine and hot-packs in nephritis, found the loss of weight was greatest after the hot baths, averaging 801 grams. The pilocarpine caused a loss of 514 grams—208 of which was by the salivation.

The packs only reduced the weight by 94 grams.—*Drug. Circular.*

The veins of the brain communicate with those of the scalp by anastomosis in the "diploe" or spongy layer of cancellous tissue between the outer and inner tables of the skull. In some urgent cases of coma from compression or extravasation, it might be justifiable to attempt direct relief by scoring deep incisions down to the cranium, so as to give exit to some of the imprisoned blood.

Obesity.

Dr. Woodbury, in the *Phila. Med. Times*, mentions the various methods in the treatment of obesity. Bantingism is out of fashion, by reason of the evils following its improper use.

Ebstein's method has been tried and found wanting, persistent gastric distress being caused by it.

Schwenninger's plan with Bismarck, consisted of oft-repeated little meals, day-long nibblings, which play hob with ordinary stomachs.

Oertel's method lay in restricting the diet, allowing no fat, very little fluid, and more exercise; especially such as increases the action of the heart.

Rosenfeld found that Oertel's "cure" caused acute nephritis, and affections of the heart and nervous system.

Insufficiency of the heart and dilatation, with shortness of breath, palpitation, and irregular, feeble pulse, may be developed; as well as anorexia, vomiting, gastralgia, weak digestion and stubborn sleeplessness. Surely it is better to be fat and feel comparatively well.

The greatest danger to many a fat person is that he should attempt to become lean.

[To this we at once apply the personal equation. Brother Woodbury is one of Pharaoh's lean kine, and of course, looks with approving eyes on our rotund person. We are very sure that were he to be compelled to carry about 180 pounds on his 5½ foot body, he would not be so complacent over his figure.

We can hardly imagine anyone pursuing Oertel's method to the extent noted above; but we can say from experience personal and otherwise that limiting the amount of fluids, and adopting a diet mainly of fruit, with an agreeable amount of exercise, will reduce the weight rapidly, pleasantly, and with perfect safety.—ED.]

Reduction of Hernia.

After taxis has failed the following has succeeded: Introduce an elastic tube into the rectum as far as it will go, and slowly inject air through it. The intestinal coils will be seen to distend and after a short time the tumor will suddenly disappear. The tube must not be withdrawn immediately, but the air is allowed to escape through it first.—*St. Louis Med. & Surg. Journal.*

Never let the leather piston of the syringe get dry. If it should, soften it in cold water, never in warm. Then soak it in glycerine. After using the syringe clean it well and dry by passing the needle through the flame of a spirit lamp.—*Archives.*

Hydrastis in Uterine Hemorrhage.

Fillner having reported that hydrastis causes uterine contractions in some animals, Schatz has investigated the question, and finds no such effect follows its use in women. He considers this drug useful in hemorrhage due to fibroids which cannot be expelled from the uterus safely; in relaxation of the uterus where, after being emptied, it becomes baggy; in hyperemia of the genitals where ergot is insufficient to cause contraction, or where alternate contraction and relaxation increases the hyperemia; in pyosalpinx, where it is important to lessen hyperemia without provoking contraction of the tubes; and in chronic peritonitis, oöphoritis, etc., it cannot be replaced by digitalis, since the latter acts injuriously on the digestion. — *Berlin Klin. Woch.*

International Medical Congress.

Among the vice-presidents in the list given in Circular No. 2, are to be found the names of the foremost men in European medical circles. McCall Anderson, Dujardin-Beaumętz, Golding Bird, Carl Braun, Frazer of Edinburgh, Gusseraw, Hebra, Klein, Larrey, MacCormac, Müller, Phillips, Quain, Ricord, Sanderson and Semmola, and a host of others not less distinguished, have signified their intention of attending. We hope the welcome they receive will repay them for the (to them) unusual journey, and that they will have reason to remember long with pleasure their experience in America.

A fundamental and invariable difference exists between human beings and lower animals, in the fact that the former are always physiologically prepared to impregnate or become impregnated, whereas the latter have but one or two impregnating seasons in the year, and their multiplying powers are confined to this time, which again depends on the duration of pregnancy in every species. By a wise dispensation of providence, the rutting season is always at such a time that the subsequent birth of the young takes place when its natural food is most abundant. With man, this is not necessary, for his superiority of intelligence and resource makes him altogether independent of seasons.

A Scotch surgeon reports one hundred and fifty-two operations on the eye, without a single instance of inflammatory or suppurative complication, and attributes this immunity to his invariable practice of bathing the eye with a solution of corrosive sublimate (from one in 5,000 to one in 2,000) previous to each operation. These results confirm the observations of many reliable authorities.

Anti-Febrine.

This drug reduces the temperature within a certain time, and is cheap, but under certain circumstances it produces a poison (aniline). The whole body of the patient then becomes intensely blue. Though this may not have any serious consequences, it is certainly not agreeable to a sick person. The manufacturers of antipyrin also produce anti-febrin, but state that they will not be responsible for the effect of the drug. Otherwise they refer to the statements of Prof. Kussmaul concerning the drug. It should be remembered that in the very extensive trials which Bouchut made of aniline in chorea, he found that blue discoloration of the skin was produced by the continued use of the drug. This, however, was not permanent, but passed off in a few hours,

The blueness from anti-febrine *may* be also temporary in all cases, but as we do not know this, our advice is to let the drug alone until further experiment decides its value and innocuous nature.

It would scarcely be deemed a sufficient excuse, when we had dyed our patient a permanent azure, to assure him that the unlucky drug was an experimental remedy, of whose properties we were not well informed. The blueness would be exceedingly apt to extend from the patient to the physician, especially if a suit for malpractice were instituted.

Better stick to anti-pyrin, which we know something about.

Shall Druggists Prescribe?

We clip the following paragraph from *Truth*, a bright and famous London "society" journal:

"Dr. Diplock expressed a forcible opinion at a recent inquest against the practice of poor people going to chemists for advice and medicine. There is a good deal more of the doctor than the coroner in this utterance. Chemists know just as much as doctors about the majority of complaints from which humanity suffers, and as they are prepared to dispense their knowledge gratis, charging only for the drugs they prescribe, they have *pro tanto* the advantage over doctors properly so called. It is natural, therefore, that doctors, whether coroners or not, should entertain a low opinion of the professional abilities of chemists; but to suggest, as Dr. Diplock does, that a properly qualified chemist cannot be relied on to treat a case of infantine diarrhœa without committing manslaughter, is asking a little too much of public faith."

With equal reason we might suggest that the type-setters and proof-readers of *Truth* are as capable of writing leading articles as the learned editor himself. The comparison appears to us to be perfectly impartial. The chemist's knowledge of medicine is nothing more than relative, and only covers the fields of pharmacy, the compounding of medicines, their incompatibilities, and their commercial values. The statement that "chemists know just as much as doctors about the majority of complaints from which humanity suffers" evinces either gross ignorance on the part of the writer, or argues very poorly for the medical knowledge of our transatlantic brethren. A chemist, however properly qualified, is *not* in a position to prescribe for a child suffering from infantile diarrhœa. He never sees the patient, and if he should, he is not trained to diagnose the nature or cause of the said diarrhœa, the "*fons et origo mali*," and consequently is not capable of treating the case scientifically, consistently, or safely.

Bronchitis, croup, pneumonia, "cough," intestinal obstruction, peritonitis, rheumatism, are surely included amongst the "majority of diseases from which humanity suffers." And if these be within the scope of the chemist's treatment, then indeed is the physician's occupation gone, and there is no further use for him.

L. L.

Alcohol and Chloral are Incompatible.

Prof. Markoe has shown, in the *Pharm. Record* that if chloral, bromide of potash and alcohol are ordered together, the chloral is changed to an alcoholate, which is less soluble than the hydrate, and the mixture separates on standing.

Influence of Mental Impressions on the Fœtus.

Fordyce Barker recently read a paper on this subject, at the American Gynecological Society's meeting. He related the case of a young lady who was so profoundly affected by seeing Sothern play Lord Dundreary that her first boy, born four years later, exhibited peculiarities resembling those of his lordship.

Another case was that of a lady typically brunette; who married a typical blonde, but was never impregnated by him. After his death she married the "dark young man," a gentleman as marked a brunette as herself. Her first child was a decided blonde; the two subsequent born being brunettes.

The third case was that of a lady who, during the first month of pregnancy, had been much worried over her daughter having her ears pierced. When the babe was born both ears looked as if they had been pierced, and through one a thread could be passed.

The fourth case was that of a lady who, at

at an early period of pregnancy, was much impressed by seeing three ladies with hair-lips. When the child was born it had a double hair-lip.

A lady married but a few weeks, was at the theatre with her husband. Something vexing him, he placed the point of his elbow on her hand, and held it so firmly that she fainted. The fingers were much swollen and painful for several days. She never lived with her husband afterwards. Two hundred and forty-eight days after this she gave birth to a son. On the left hand parts of all the digits were absent, as if they had been amputated.

[My case is even more remarkable than any of these. A lady during the early part of her pregnancy went one day into her pantry. The room was ill lighted, but she saw on a barrel a large, strange, black cat. In its efforts to escape the animal sprang directly in her face, where it fixed its claws. This was too much for the lady, and with one shriek of fear, she fainted. From that day to the end of her pregnancy she was possessed with an immovable conviction, that the results of her adventure would be manifested in the person of the child.

The day came, the poor mother went through the agonies of parturition, aggravated by her dread, and when the child was born, there wasn't anything abnormal about it!

I am morally certain that I never attended a primipara, who had not some grounds for believing there would be something terrible the matter with her baby; and I have never yet seen the sinister predictions fulfilled. Much of this painful apprehension is due to such unwise and unscientific tales as that of Dr. Barker; which will undoubtedly be repeated in many a boudoir, and pale the cheek of many a young prospective mother.

Who is to tell them that if Fordyce Barker, in his long and busy professional life, has met with but five such cases, they really prove that they can be but accidental coincidences?

For an apt comparison, see a letter in the original department of this month.—ED.]

A Wise Legacy.

Hon. Samuel Enswerth, an honored citizen who died at St. Joseph, Mo., on August 8th, left the St. Joseph Medical College as his residuary legatee. The estate is valued at over one hundred thousand dollars. We congratulate our Western contemporary on her good fortune; and wish there were citizens of our own city as far-seeing in their posthumous liberality.

Succinic acid, tannin, glycerine, and cream of tartar, are constant ingredients of all wines. Potash and soda are also present, as bases.

Grape Juice Cure.

The Grape Cure is an old story in Europe. Recent analysis shows a close analogy between grape juice and human milk, as the following:

	HUMAN MILK.	GRAPE JUICE.
Albuminous matters,	1.5	1.7
Sugar, gum, etc.,	11.0	16.0
Mineral substances,	0.4	1.7
Water,	87.0	80.0

Grape juice is claimed to be a perfect food, a nutritive tonic, a nervous stimulant and a mild aphrodisiac. It is highly recommended for debility, scrofula, diseases of the liver and spleen, catarrh of the air passages, kidney disease, gravel, gout, etc.—*Drug. Circular.*

[We have found the grape cure an efficient remedy for plethoric states generally, with or without gout or portal congestion. But the caution of Niemeyer is most important; the grapes must be eaten as the only food. Otherwise, patients eat their full meals, and then stow away a lot of grapes under the notion that they are "good for them." The result is an apoplexy instead of a cure. As many grapes may be eaten as the appetite demands; a small piece of stale bread being taken at each meal, but no other food.—Ed.]

Doses of New Remedies.

Osmic Acid: gr. $\frac{1}{60}$ t. d. in pill with Armenian bole.

Agaricine: gr. $\frac{1}{12}$ to $\frac{1}{8}$, with Dover's powder.

Aloin: gr. ⅓ to 3½ in pill.

Antipyrine: gr. 75 to 90; one-third part to be taken every hour.

Bismuth salicylate: gr. 5 to 7 in pill. In typhoid, double the dose and repeat every hour.

Cannabinone: gr. ⅔ to 1½ in powdered roasted coffee.

Caffeine: gr. 3 every hour for four doses. This may be doubled.

Colocynthin: gr. $\frac{1}{8}$ to $\frac{1}{2}$ hypodermically, or double that by the mouth.

Convallamarine: gr. ¾ to 1¼ in pill, repeated every hour until 15 grains have been taken.

Eucnymin: gr. 3 to 10, in pill, with extract of belladonna.

Helleborein: gr. $\frac{1}{8}$ to $\frac{1}{3}$, in pill, solution, or suspended in mucilage. Repeat four or five times a day.

Tannate of Mercury: gr. 1½ in a wafer, thrice daily.

Nitro-glycerine: gr. $\frac{1}{150}$ to $\frac{1}{60}$ t. d. in alcohol, oil or ether.

Picrotoxine: gr. $\frac{1}{8}$ to $\frac{1}{4}$ in water,

Thalline Sulphate: gr. 4 to 8 in wine or water, with aromatics.—*St. Louis Med. and Surg. Journal.*

Ten Commandments for Bathers.

The following rules are from the *Rundschau* (Prag):

1. While suffering from violent mental excitement do not bathe.
2. When suffering from suddenly occurring or from continued illness, do not bathe.
3. After sleepless nights or excessive exercise, do not bathe, unless you first rest a few hours.
4. After meals, and especially after taking alcoholic liquors, do not bathe.
5. Take your time on the way to the bathing-house or beach.
6. On arriving at the beach inquire about the depth and currents of the water.
7. Undress slowly, but then go at once into the water.
8. Jump in head first, or, at least, dip under quickly, if you do not like to do the first.
9. Do not remain too long in the water, especially if you are not very robust.
10. After bathing, rub the body to stimulate circulation, then dress quickly, and then take moderate exercise.—*Nat. Druggist.*

M. Voisin, of Paris, lately read the following communication at the Congress at Nancy, on the possibility of curing mental diseases by the aid of hypnotic sleep. He quoted two cases which lately came under his notice. With the first patient, sleep had not been obtained by adopting the ordinary means of looking fixedly at the experimenter. The patient's eyes were then kept open by means of two palpebral separators, and the rays of the magnetic lamp being directed towards them for ten minutes, produced sleep. In two days, the patient, who at first manifested great excitability, was completely cured. The second patient, a lypemaniac, who had refused food for a fortnight, and had made several attempts to commit suicide, was put to sleep for ten minutes, the first time by hypnotism. On awakening, she acquiesced in suggestions made during sleep, and consented to take milk. The same treatment was repeated every other day, and at the end of a month she was quite cured, and able to return to work.—*Brit. Med. Journal.*

Belladonna for Sterility.

Dr. Jones recommends belladonna internally for sterility. After a number of weeks administration the ladies become pregnant.

This is important if true, and may be a source of much happiness to patients longing for the joys of maternity, but is another argument against the use of belladonna for cosmetic purposes, by unmarried belles.—(*Weekly Med. Review.*)

Conception of the Sexes.

Fürst, of Graz, has been wrestling with this question, and his results are as follows.

1. He finds a surplus of males among the working classes and country people, as compared with the rich, and the dwellers in cities.
2. A surplus of males also occurs in hard times when food is dear; and before the ultimate extinction of the race.
3. If deficient nutrition of the parents' produces a surplus of males, deficiency in the blood supply of the genital organs ought to do likewise. And as after menstruation an anemic condition of the urino-genital vessels exists—the post-menstrual anemia—he claims that conceptions taking place during the first four days after menstruation, will give a surplus of males; while those which occur later will produce females. He questioned large numbers of women at maternity hospitals, and their statements bore out his theories.

[1. Is the surplus of males in the working and country people due to their supposed state of exhaustion, or rather to that law of natural selection by which males are formed where most needed?

2. Is not the surplus of males in hard times due to the same natural law: males being better fitted to withstand hardships?

3. The third point has more in its favor, but the testimony he adduces is utterly worthless. The statements of maternity hospital inmates are of little value anyhow; and when they come to stating the precise date of conception they need not receive any further consideration. It is the rarest of occurrences for a woman to know whether she conceived just before her missed menstruation, or just after her last one, or at some time intermediary. Nor is conception necessarily fixed by the time of sexual intercourse, as the spermatozoa may meet the ovum sooner in one case than in another. To show how variable the period is, I calculated with great care in one year the period of pregnancy in my cases, fifty-four in number, and in not one did the confinement occur on the day it was expected; the difference was in some cases over a month, on either side.—ED.]

Ergot in Labor.

Since the publication of Pajot's remarkably vivid description of the evil effects of ergot, when given during labor before the womb is entirely empty, numbers of our professional brethren have suddenly discovered that their views are identical with those of the brilliant Frenchman, and that they never use ergot in any such manner.

At the recent meeting of the American

Gynecological Society, a paper was presented upon the subject by Dr. John Goodman, in which the author took the same ground.

In the discussion which followed, Dr. Reamy favored the author's side of the question, condemning the routine use of the drug. Dr. Englemann took up a safe position, with a good line for retreat, by condemning the abuse of the drug, but believing it would remain a valuable remedy. The other Fellows unhesitatingly sat down on Dr. Goodman; Drs. Fordyce Barker, Goodell, Parvin, Reeve, Skene and Williams condemning his views emphatically.

Nevertheless, I cannot help feeling that there is a good deal of truth in Pajot's view. Although Goodell quotes his 2500 cases in which he has never seen any ill effects from ergot, he makes systematic use of antiseptic injections. His argument in favor of using ergot, because women are not living in a state of nature, is rather far fetched. Because women do not run in the woods like baboons, they must be dosed with ergot after a perfectly normal labor!

My own experience is limited to about five hundred cases, all in private practice. I am sure that since desisting from the routine use of ergot, I have not nearly as often been called upon to treat after pains, fetid discharges, mastitis, or even hemorrhage. I am conscious of a growing respect for Dame Nature, and a consequent disposition to let her alone, until she is obviously going wrong. The *routine* use of ergot is much like the practice of feeding the infant on sugar water. To one who comprehends the perfection of Nature's arrangements, for evacuating the child's bowels by means of the colostrum, for allowing the infant to become hungry, in order that it may cry lustily to unfold its lungs, and nurse vigorously to form a nipple, the sight of an ignorant nurse breaking up this beautiful arrangement has an aspect of uncouth barbarism. How do we know we are not just as barbarously disorganizing some other delicately adjusted mechanism, by interfering needlessly with our ergot and our irrigations?

Piperine is recommended as a valuable substitute for quinine in the treatment of intermittent fever, and it never affects the sensorium, though an equally good stimulant, carminative and febrifuge. It may be given without regard to the condition of the pulse or skin. Three grains may be given hourly for six hours at the first onset; afterwards, when intermission is complete, the same dose every three hours; and when the paroxysms have been checked for some days, smaller doses, combined with blue pill and a little quinine.

Renew your subscription for 1887.

To Cure a Bad Breath.

"How can a foul breath be cured, caused by a decayed tooth?" There is a simple, speedy and certain remedy for this repulsive affection, no matter what the cause. It is the following: three hours after breakfast a teaspoonful of the following mixture: chlorate of potassa, two drachms; sweetened water, four ounces; wash the mouth occasionally with a similar mixture, and the breath will be as sweet as an infant's of two months.—*Anti Adulteration Journal.*

[For how long will such a mixture keep off the fetor in a case of gastric catarrh, or that from a decayed tooth? Five minutes. perhaps.—ED.]

Treatment for Diphtheria.

Take equal parts (say two tablespoonfuls) of turpentine and liquid tar; put them into a tin pan or cup and set fire to the mixture, taking care to have a larger pan under it as a safeguard against fire. A dense resinous smoke arises making the room dark. The patient immediately seems to experience relief; the choking and the rattle stop; the patient falls into a slumber and seems to inhale the smoke with pleasure; the fibrinous membrane soon becomes detached, and the patient coughs up microbes. These when caught in a glass, may be seen to dissolve in the smoke. In the course of three days the patient *entirely* recovers.

Prescribed for many years by Sir James Bardsley, K. C. B., M. D., M. R. A. S., Inspector General of Hospitals for the Presidency of Bombay, India.

The Medical Library publishes for its 102d prize question, the subject, "What are the five medical journals possessing the most interest for the general practitioner?"

The answers consist of the titles of the five journals, with the names of the publishers, which the contestant prefers, thus:—

THE MEDICAL WORLD; C. F. Taylor, Philadelphia.

Philadelphia Medical Times; J. B. Lippincott & Co., Philadelphia.

New York Medical Journal; D. Appleton & Co., New York.

Chicago Medical Journal and Examiner; Clark & Longley, Chicago.

Archives of Gynæcology; Leonard & Co., New York.

The above is the list suggested by the Medical Library.

WHAT can't be cured must be regularly treated at the regular rates.

A cut in time saves nine.

Ambulances alter cases.—*Med. Record.*

Corrosive Sublimate in Gonorrhœal Cystitis.

A number of exchanges are quoting an article recommending injections of corrosive sublimate in gonorrhœal cystitis. One needs to know what he is about before he undertakes to inject this powerful irritant into the bladder. We tried a solution once of one part to ten thousand, and had reason to regret our temerity.

If you wish to give this method a trial, read our article on the subject in the October number, and then begin with a solution not stronger than one part to one hundredth thousand. It is easy to increase the strength if it be well borne.

Sugar always appears in the urine in cases of poisoning by curare, nitrite of amyl, and carbonic oxide; sometimes after large doses of morphia, chloral hydrate, sulphuric and prussic acids, mercury, and alcohol. It appears frequently in some infectious diseases, as cholera, carbuncle, diphtheria, typhoid fever, and scarlet fever. Again it is sometimes associated with mental excitement, cerebral neuralgia, cerebro-spinal meningitis, and cerebral hemorrhage. In diabetes mellitus, the elimination of sugar is accompanied by extensive derangement of tissue change, leading to general deterioration, local diseases, and generally death; or passing into nephritis, arterial sclerosis, or other grave conditions.

Cholera Mixture.

Take equal parts of tincture of cayenne, tincture of rhubarb, essence of peppermint, and spirits of camphor. Mix well. Dose, fifteen to thirty drops in a wine glass of water every fifteen or twenty minutes until relief is obtained.

The frequent handling of flour, sugar, hair and lime, has an irritant action on the skin of many individuals, giving rise respectively to conditions known as bakers', grocers', bricklayers', and barbers' itch. Bakers' itch attacks the backs of the hands, and includes lichen agrius and chronic eczema. Bricklayers' itch resembles bakers' itch, and is due to lime. Grocers' itch is due to sugar, and barbers' itch to the irritation caused by hair. Then, mineral acids and sulphate of magnesia should be given internally, followed perhaps by small doses of arsenic, and linimentum calcis locally, or weak nitrate or oleate of mercury or tar ointment.

A Swiss physician states that drachm doses, taken daily, of antipyrin, are as effectual as salicylate of soda, and much more rapid; but that it sometimes produces an erythematous eruption. It is also recommended for children's pneumonia but not for adults.

Treatment of Nephritis.

Musatti established the fact that the *milk diet* instituted at the commencement of the disease, is the best remedy to prevent renal complications in scarlet fever. Jaccoud confirms this statement. He gives milk alone as food and medicine, from the first day of the disease; giving three litres per day if possible.

[I have for many years been in the habit of directing my patients to drink *buttermilk* daily during pregnancy. I have not had a single case of eclampsia out of nearly five hundred cases. Generally these women drink the buttermilk with avidity. If it be objectionable, I substitute skimmed milk, whey, or home-made koumiss.—ED.]

M. Casanow (Russia) states that tannate of mercury renders syphilis innocuous within one year; that in that time a syphilitic person may marry with impunity, provided that he continues the use of iodide of sodium for the next year, and provided that no syphilides, periostites, or ulcerations remain. Relapse also is very uncommon, he says, under this treatment.

Faradisation for Jaundice.

The *Weekly Med. Review* quotes from a paper by Schroeter an account of some cases of catarrhal jaundice treated by faradisation. The cases had resisted ordinary treatment. Immediate improvement followed the use of electricity. One electrode was placed upon the abdomen over the gall bladder, and the other to the right of the spine, at the same level. The current was strong enough to contract the muscles, and was continued five minutes.

The treatment was given for several weeks. It was successful in all cases except those from impacted gall-stones.

[We still cling to the phosphate of soda in these cases. It has proved a trusty friend.—ED.]

Artificial Quinine.

It is reported that a London chemist has succeeded in making quinine artificially, and that it can be put upon the market at six cents per ounce. This is important—if true, which we doubt. But even if the story should prove correct, it does not follow that the synthetic drug will have the effects of the real quinine.

Bright's disease may be produced in dogs by the subcutaneous injection of white of egg. And nephritis may be produced in rabbits by subcutaneous injection of bismuth, cantharides, aloin, chromium, or oxalic acid.

Correction.

The Scale of Charges for Professional Services published on page 297, should have been credited to the *St. Louis Medical Journal*, which claims the honor of having first published the article.

The insufflation of powdered vegetable charcoal, per vaginam, is extolled in France as a remedy for obstinate leucorrhœa.

CLASS-ROOM NOTES.

[From the *College and Clinical Record* and other sources.]

—Dr. Sajous uses a solution of argent. nitras, gr. x to f ʒ j, on a cotton-wrapped probe, for *hypertrophic nasal catarrh*.

—In mitral regurgitation accompanied by pulmonary congestion, Dr. Rex prescribed, at the Jefferson Hospital, the following:—

℞. Infus. digitalis.....
Mist. ferri et ammonii acet..... āā..f ʒ j
M. S.—Take three or four times daily.

—Dr. Hearn, for *cystitis and irritable bladder*, gave, at the Jefferson College Hospital—

℞. Sodii bromid..... ʒ ss
Tinct. hyoscyami.....f ʒ ss
Syrup.....
Aquæ.....āā..q. s ad..f ʒ iv
M. S.—Teaspoonful ter die.

—In a case of *masked intermittent*, the following plan of treatment was recommended by Prof. Da Costa:—

To unload the bowels—

℞. Hydrarg. chlor. mitis.....gr. j
Lactose.....gr. iij
Ft. charta.
M. S.—At at a dose.

℞. Quininæ sulph.....gr. xvj
Acid. sulph. dil.....gtt. xvj
Syrup. tolu.....f ʒ j
Spirit. ætheris nit.....f ʒ ss
Aquæ.....q. s. ad..f ʒ ij
M. S.—One ounce at seven o'clock, half ounce at nine, same at ten.

To be kept up for several days.

—Prof. Da Costa gave the following formula for *chronic diarrhœa*, the passages being watery, containing no blood or mucus, and there being no tenderness:

℞. Opii.....gr. ss
Plumbi acetatis.....gr. ij
Ft. pil.
M. S.—Every four hours.

—In treating *chronic eczema*, place your patient upon a farinaceous or a mixed diet. Locally, an ointment which will give good satisfaction is composed thus:—

℞. Ung. hydrarg. nitratis.....
Petrolat.....āā..ʒ j
Ung. picis liquid.....ʒ iv
Ft. ung.
M. S.—As an ointment. (Rex.)

—For *chronic rheumatism*, Prof. Da Costa prescribed as follows: Avoid nitrogenous foods; take plenty of exercise, and use alkaline baths freely each evening; also—

℞. Potas. iodid.....gr. v
Tinct. colchici sem.....gtt. vij
Syrup. zingiberis.....
Aquæ.....āā..f ʒ ss
M. S.—Ter die.

—In treating a child for *corneal ulcers* of some standing, Dr. Fox procured excellent results by the following plan of treatment: Every second day give child a bath in salt water, with liberal rubbing and friction, to be followed by a plunge in cold water. Internally give the hypophosphites and other nourishing tonics. Locally—

℞. Cocainæ hydrochlor., 2 % solution..... ʒ j
Eserinæ sulph.....gr. ¼
Hydrarg. bichloridi.....gr. 1/128
Vin opii.....gtt. xx
Mucilag. sassafras.....f ʒ ss
Aquæ camph.....f ʒ iij
Aquæ dest.....f ʒ v
M. S.—Two or three drops in both eyes ter die.

—Prof. Bartholow, for a man with *pseudo-angina*, ordered the following: Improve nutrition by—

℞. Ferri arseniat.....gr. ⅛
Ext. nucis vomicæ.....gr. ½
Ol. morrhuæ.....ʒ j
Syrup.....
Aquæ.....āā. q. s.
M. S.—Ter die, after meals.

For the attacks of angina, sol. nitroglycer. centesimal, ♏ j, to be increased to characteristic effects.

—To tone the nervous system and improve blood in *chronic pleurisy*, Prof. Da Costa directed:—

℞. Tinct ferri chloridi.....f ʒ ss
Acid. acetic. dil.....f ʒ iij
M.
Adde—
Liq. ammon. acetat.....f ʒ vj
Elixir. simplicis.....f ʒ ix
Strychniæ.....gr. ss
M. S.—Dessertspoonful ter die.

—Dr. Packard, at the Pennsylvania Hospital, is a warm advocate of Villate's solution, in certain cases of *necrosed bone*. At a recent clinic in which he ordered it to be used, he gave as a formula the following:—

℞. Zinci sulph.....
Cupri sulph.....āā..gr. xv
Liq. plumb. subacetat.....f ʒ ss
Acid. acetic. dil.....f ʒ iijss
M. S.—Dilute with water, and use as injection for purpose required.

Original Communications.

Short articles on the treatment of diseases and experience with new remedies are solicited from the profession for this department; also difficult cases for diagnosis and treatment.
Articles accepted must be contributed to this journal *only*. The editors are not responsible for views expressed by contributors.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them: and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—RUSKIN.

The December issue will consist of an edition of Sixty Thousand Copies. Will our contributors put forth their best efforts for this enormous number of readers? We will go to press on Nov. 15th, and communications for that number must be in not later than Nov. 10th.

Medical Men in India.

Editor MEDICAL WORLD:

You have asked me to supply your readers with any information I may possess concerning the status of medical men in India. What knowledge I possess I cheerfully give.

First. What regulations must medical men submit to before they can practice privately, or in public positions? All medical men who wish to practice in India, either in the army, navy, civil service, or as inspectors of health, or vaccine, *must* produce from their college, hospital, or university, from whatever country they belong to, their diploma, or authority, signed by at least three qualified practitioners of good repute, showing that they are in verity doctors or surgeons and acknowledged to be so, by the faculty of the country from whence they come; the same rule applies also to chemists and druggists; they must produce their certificate of competency.

Second. What civil appointments are open to medical men not British graduates? Rajahs, maharajahs, baboos, and princes of India have residing with them their own private physicians and surgeons, mostly Europeans, and sinecure places. Almost all civil medical appointments are open to doctors or surgeons of other countries, Americans in particular, on the production of their diplomas. There are now some eminent American physicians and dentists practicing in India. Notably they can be employed by municipal corporations and local committees separate from the state. There is not as yet any regulation prohibiting men from other countries practising there and with perhaps the very highest positions, such as inspectors or deputy inspectors of hospitals, and any duly qualified practitioner, American or otherwise, can exercise his profession with success if he shows ability.

Third. What opening is there for doctors not graduates? None whatever. Such men would undoubtedly be prosecuted by law if found out. The authorities in India are very strict in this matter. The same holds good with regard to chemists and druggists.

Fourth. What average income is to be expected? I cannot positively answer this question, but so far as I remember the income ranges from three thousand dollars a year up to fifty thousand dollars. Less than two thousand five hundred dollars annually he could not live on and pay his way. India is a very expensive place to live in, though nothing like so much as formerly. Traveling is cheaper now that railways traverse the country from one end to the other, but oriental magnificence and display still almost forces all foreign gentlemen, of whatsoever profession, to entertain liberally, to show great hospitality, and to keep large establishments of servants, equipages, and horses.

Fifth. Requirements to make success probable? Temperance, tact, courtesy, skill and good health, energy and great firmness of character, coupled with prompt decision, especially in dealing with natives.

Sixth. What is the cost of getting there, and living there? About $350, *first class*, to get there; $250 second class. Take all your clothing with you, made here, plenty of linen shirts and underwear, in solid leather portmanteaus, with canvas covering, bottom covered with sheet-iron. You cannot live for less than two thousand dollars a year, and maintain your professional dignity and keep out of debt. Let the motto of the Medical Club in Calcutta be adopted by every medical man going there: "Festina lente," confident energy and circumspect caution.

There are scattered throughout the vast British Empire of India about 113,500 male physicians, surgeons and druggists, and about 75,000 female physicians, surgeons and druggists, to a population of two hundred millions of people. The female practitioners are mostly native.

There is only *one* maker of surgical instruments in all India, in Calcutta or Bombay; he is a European, either French or English; I am not sure which. This I learned from an eminent medical authority. There are compounders of drugs and chemicals, not included in the above category, 61,000 males and 19,000 females, mostly natives, and followers of the Buddhist religion.

The science of medicine has been for many years successfully cultivated in all the universities of India.

The three medical colleges of India, namely, those of Calcutta, Madras and Bombay, are

truly noble institutions, justly to be regarded with national pride. In the wards of the hospitals attached to the colleges, the clinical instruction is nearly all that can be desired, and the anatomical instruction, I am told by the highest authority, is thorough.

The chemical instruction, though not enough to lead the student into the higher walks of science, is practical so far as it goes. The botanical instruction is efficient in a like degree, and is given partly in botanic gardens. The instruction in ophthalmic surgery and in midwifery is given in wards specially constructed for these branches of the profession. Besides the theoretical physiology taught in the lecture rooms, practical physiology is explained by trained demonstrators. Theoretical pathology is well taught, practical pathology is in some of the colleges taught by trained demonstrators, but not fully as yet in other colleges. This information, from personal knowledge, is up to about the commencement of 1885.

The natives who pass through these colleges and receive university degrees, being styled licentiates, are medical men in the professional sense of the term.

Besides these fully qualified native medical men from the medical colleges, there are natives from the several medical schools, who are certificated as hospital assistants.

Several such medical schools exist in each division of the empire, and they are very largely attended. The alumni are not indeed educated completely, but they are competently instructed up to a certain point, and their professional training is so far efficient. They are grounded in surgery, medicine and materia medica, and they have received clinical instruction. *They are wanted as assistants to medical men everywhere*, being especially useful in the interior of the country, where medical men cannot be expected to reside, and where the sickness and the medical needs in so great a population, exceed the powers of any medical staff that could possibly be provided. They can do much to dispense medicines for ordinary ailments among the rural poor, and can apply the known remedies which are needed when epidemics prevail or pestilence breaks out.

The natives, both the medical men and the duly authorized or qualified certificated hospital assistants educated in the medical schools, have already acquired the confidence, and are still further rising in the estimation of their countrymen; they are extensively employed not only by the government, but also by municipal corporations and local committees separate from the state. They are fast obtaining a private practice, of a large and lucrative character, superseding the ancient profession of medicine according to the Oriental method, though the practitioners under the Oriental system (natives) are still free to practice their art. These indigenous practitioners, though generally unskilled in surgery and ignorant of anatomy, are often skilful in the discrimination of disease, and are always well acquainted with the use of medical herbs.

The science of medicine has been practised, according to reputable testimony, in India, with more or less success and skill, since the year 250 B. C. in the Buddhist monasteries.

At Nalanda, near the sacred city of Gaya, there was an immense monastery, which was practically a university, as it was the school of science, law, and medicine and philosophy, as well as the theological college, where ten thousand monks and students studied and worshipped.

Nalanda was one of the chief schools of the very advanced medical science of ancient Buddhist India; a science whose remarkable developpment calls forth the wonder and admiration of modern European physicians. Indeed these have adopted many remedies and drugs first discovered *by celebrated Indian physicians*, whose treatises in old Sanscrit were in the eighth century translated into Arabic by order of the Caliphs of Bagdad, and thence passed into Europe. Their boldness and dexterous skill in difficult surgical operations is especially noted, and talked about in India by medical men, even at the present hour, and is attributed by modern surgeons to the facilities for continuous study afforded by the great public hospitals established in every city, by the merciful Buddhist emperors. With the fall, or rather decline of Buddhism, commenced the degeneracy of Indian medical science.

H. C. BUTLER.

Prolapsus Funis Umbilicalis.

(Continued from September No.)

Editor MEDICAL WORLD:

The diagnosis is easy, and as to prognosis, we all know it is very serious regarding the child.

As to treatment, many authors are agreed, that if the funis presents with the membranes unruptured, it is wise and prudent to let it alone. In my opinion, the only reason for letting alone is that while the waters are retained, but slight (if any) pressure can be exerted on the funis. At all events, it is hardly possible for the child to be destroyed by the compression in such circumstances. But, if the liquor amnii has escaped and a loop of funis presents, the question immediately arises, What is to be done?

We must either protect the funis from compression until natural delivery occurs, or relieve it from pressure as speedily as possible.

Now what are the available resources for such procedure? A host of authors recommend immediate version, and the illustrious Gooch mentions an amount of success, provided the membranes have not been ruptured and the parts are dilatable.

It is very true that by version delivery is usually completed very rapidly, and in a much shorter time than it would be otherwise. This is a great advantage certainly, but the risk at the same time is also great, for we know the large percentage of infant deaths in breech and footling cases, as well as after version.

There is not a complete protection of the cord from pressure. How often are we disappointed in version, and in breech and footling cases, when, the body of the child having been delivered, the pressure of the head upon the cord has been fatal to the child, especially in first cases!

Now I come to the gist of this very important question—viz., treatment by version.

We are advised to perform version before the membranes have been ruptured—at this period there is little or no danger to the cord. But if the membranes have been ruptured and the liquor amnii has drained away, with the uterus firmly clasped round the fœtus, and cord in the vagina, is then turning advisable? Is it safe? Or is it safer than other means? Or are other means safer than turning?

Every one of us who has had any experience at all, knows what risk the mother runs in the operation of version in such circumstances, and every accoucheur who has practiced the operation understands the difficulties to himself, the pain and the unpleasantness.

Certainly some of my professional brethren will say, use chloroform and everything will be O. K.

Chloroform is an aid of great value, I do not dispute that, but one has not it always at hand, or does not feel justified in using it. And if it is used, is the risk to the child lessened? For my part, gentlemen, I think the risks are increased both ways; for the very introduction of the hand, which must, according to some authors, be done with the greatest possible caution, adds to the pressure on the cord; and the very operation of changing the axis of the child, and the withdrawal of the operator's hand with the foot, subjects the prolapsed cord to additional risk; while to crown the whole business, we have yet to resign the cord to the pressure that accompanies the delivery of body and head.

If my views in this matter are not correct, I desire my professional brethren to say so, and convince me otherwise, as I am not too old yet to profit by the experience and theories of older practitioners. This I desire to have emphatically understood.

I shall here lay down certain conditions in which, I think, it is justifiable to turn; and Dr. Ramsbotham will support me.

First: When pulsation exists in the cord, the head not having yet entered the pelvic brim.

Second: When the pains are not strong and the soft parts are relaxed and dilatable.

Though it is impossible to lay down an exact rule for every case, each should be judged of on its own merits, and we are bound to use due deliberation and caution; but not a deliberation of such a hesitating character as to allow sufficient time to pass for the pressure on the cord to jeopardize the infant or prove fatal to it.

On the whole, gentlemen, whether the membranes are ruptured or not, my opinion is against version, because I shall show in the next number that we possess much more reliable means of treatment in every sense of the word, safe for the infant, safe for the mother, and satisfactory to the accoucheur. If we have these means, it is our bounden duty to employ them.

WILLIAM H. OLSTEN, M. D.

Ephraim City, Utah.

A Straw Used as a Catheter.

Editor MEDICAL WORLD:

One of my patients, a married female, suffering with congestion of the liver, was attacked with retention of urine. Instead of sending for her medical attendant to relieve her with the proper surgical appliances, she sent her husband in quest of a large wheat straw, with which she improvised a catheter, and introducing it into the urethra gave herself speedy relief. Can any one of the numerous WORLD readers report a similar case?

New Jasper, O. DAVID E. SPAHR, M. D.

Gelsemium Hypodermically.

Editor MEDICAL WORLD:

I want to write you a few lines to tell you what a very welcome visitor "THE MEDICAL WORLD" is to me every month. It is *so* different from any other medical journal. I like your foot-notes as you give them, to the different articles, as it is just what we practitioners want—a valued opinion pro or con. The "common-place" book mentioned on page 340, October number, is certainly what every physician should keep. I have one and value it highly. Every article, treatment, formula, etc., that I value, I jot down in a regular book-

keeping ledger and classify them in the index, by simply noting the page after the word (say rheumatism, page 1, 3, 5, 7, etc.) is once written. Also note down where the extract is taken from. On page 336 in note of "Reduction of Hernia," had the author said, give a full dose of morphine in from fifteen to thirty drops of fluid extract gelsemium, instead of morphine alone, near the lesion, before taxis it would add very much to the remedy. While the regulation dose of fluid extract gelsemium is from two to ten drops, I have often given hypodermically over thirty drops. I will mention an example or two.

Last winter I was called to the country to see a young man who, the messenger said, was choking to death. Upon my arrival the patient presented a most woeful and distressing appearance. The day before, he had received an injury upon the head and neck by a horse, and his neck began to swell until when I saw him it was as large, in circumference, as his head, his eyes glaring, condition deeply cyanotic and it was only by a good effort that he could breathe at all. First case of that kind I ever saw; but a happy thought came to me and I at once administered, hypodermically into each arm, fifteen drops of fluid extract gelsemium mixed with an equal quantity of water. In fifteen minutes I saw I had my case in hand. In twenty-five minutes the patient could swallow a little water, and in ten minutes more I had the satisfaction of hearing him whisper "doctor you have saved my life, I know I could not have lived much longer." In two hours I left him quite able to swallow and talk freely.

The ensuing night he caught cold and his neck began to quickly swell again, once more I was summoned to find him in about the same condition as the day previous. I again administered gelsemium in the same manner and with the same success. Another and very similar case occurred a short time after, to a middle aged man whom I relieved after the same manner. In puerperal convulsions, thirty drops of fluid extract gelsemium, hypodermically, is in most cases a certain and safe remedy. You ask under "Asphyxia Neonatorum," on page 333, if "any one has ever tried swinging the child around by the heels, with good effect?" I, for one, have, and always with good effect. I perform, as follows, viz.: After securing and separating its cord from the placenta, I grasp the child by each side, its face up and feet toward me, arms unrestrained, leaning forward I hold it at arm's length and gently but quickly by a downward curving motion bring it nearly to the floor between my legs, where its feet will be higher than its head, halt an instant then swing back to a point directly parallel with my head, as I stand upright, where I hold it about five seconds while the nurse dashes cold water upon its head and back. I have saved many a child in this manner, that was thought to be quite beyond recall. Now I will "wind up" with my pet formula for chlorodyne, a beautiful and palatable preparation that I am never out of.

℞	Morphia sulph.	gr. 64
	Tr. cannabis Indica	℥ ss
	Ol. menth. pip.	gtt. 80
	Tr. capsicum	℥ ij
	Acid hydrocyanic. dil.	℥ j
	Chloroform	fl ℥ ij
	Glycerine	fl ℥ viij
	Sp. vini. rect. 95 per cent, q. s.	℥ j

Mix. S.—Dose, ten to sixty drops in water, as required.

Very often we have a stubborn case of ovarian and other neuralgias where the patient "has been through the mill" with opiates, and they say "doctor don't you give me morphine as it will just make me crazy, and chloral or bromide don't do me a bit of good." With from thirty to sixty drops of the above preparation in plenty of water you can bring your patient to a state of comparative comfort in a short time. As a suitable anodyne to patients cured of the opium habit use the same formula without the morphia and add hyoscyamine in appropriate doses. MARSHALL B. KETCHUM, M. D.

Palo Pinto, Texas.

Sick Headache.

Editor MEDICAL WORLD:

It has been six months or more, since I have had a word to say in these columns. Have been waiting just to see if any one would miss my effusions, whether THE WORLD would stop publication, and whether—well no matter, neither has taken place.

Now I want to come in and propound a conundrum for some one or all of the household to try to answer. I have practiced medicine nearly a quarter of a century, and there is one disease, condition or *thing* that I have never been able to treat satisfactorily to myself and much less so to my unfortunate patients. If there is any remedy or combination of remedies, either scientific or empirical, in the whole range of the materia medica, that I have not tried, I want some brother to stand up and tell us what it is. How do you treat the old fashioned *Sick Headache?* Show me the man who has as much confidence in his ability to cure sick headache, as the old Doctor we have all read about, who said, "yes, I am h—l on fits." The man who can substitute "Sick Headache" for "fits" in the above quotation, is the one I have been looking for, for the last twenty-five years.

Buffalo, N. Y. ELMORE PALMER, M. D.

Recovery from Typhoid.

Editor MEDICAL WORLD:

In reply to your inquiry in reference to the complete recovery of severe typhoid fever, I can state from an experience of some 30 years:

First: That as a rule, there is no complete recovery.

Second: They cannot work as hard, stand exposure, etc., etc., as well as they could formerly.

Third: Mentally they are weak and slow.

I have two cases here just now, who were laid up with severe typhoid fever August, 1885; both are unable to do anything as yet.

Igo, Cal. H. S.

Editor MEDICAL WORLD:

THE MEDICAL WORLD for September, 1886, asks three questions about typhoid fever:

First. Is complete recovery the rule after severe cases of typhoid fever? Under 45? Yes. Over 45? No.

Second. Over 35 and under 45, two years; over 20 and under 30, from one year to one and a half years; over 12 and under 20, from six months to one year; under 12, from six to eight months.

Third. Over 45 years, it is the rule; under 45, seldom.

I am now about 68 years old—42 years right here in active practice; formerly rode over four townships, now try to keep inside of seven miles. Bangor, a small village, on Black River, in Van Buren county, Michigan, is my home; used to shoot deer where the business buildings now stand. Can give THE WORLD some pointers in country practice, having outlived the first generation mostly, a great many of the second, whose mothers and myself were instrumental in bringing them into this wicked world—generally head first, and barefooted—once in awhile it was the reverse, and then we had to wait longer for supper. J. CAMP.

Bangor, Michigan.

[The genuine experience of genuine doctors is always of interest. Send along your points.]

Diphtheria.

Editor MEDICAL WORLD:

I desire to call the attention of the profession to a remedy that has been successful in my hands for a number of years, in the treatment of diphtheria; keeping in view however, the proper nourishment and when necessary, stimulation of the patient, as well as the sanitary regulations of the sick-room. Leaving the chemical changes that follow in the mixing of the ingredients, out of the question; and by the way I would like to know the exact changes that do take place,—I not only use it internally but locally to the affected part, either as a gargle or by atomizer,—I trust it will be given a trial, and will be anxious to hear whether it meets with the success that it has in my hands.

℞	Sodii hyposulph	ʒ ss
	Tinct. iodi comp.	f ʒ ss
	Tinct. ferri chloridi	f ʒ ss
	Spec. tinct. aconit.	f ʒ ss
	Aquæ destillat.	f ʒ v
	Glycerin. puræ	f ʒ ij

Mix. Sig.—One half to two teaspoonfuls every one, two or three hours according to height of fever, severity and age. At the same time using two teaspoonfuls as a gargle or spray, every hour or two. When better, give the medicine internally, and use locally three or four times a day.

I have used the above not only in all stages of diphtheria, but in other affections of the throat.

I present to the readers of the MEDICAL WORLD a certain cure for that annoying skin disease—termed prairie itch, Wabash scratches, etc. I have never known it to fail when rightly used, to relieve the itching at once, and cure the trouble with several applications, besides being a fragrant lotion.

℞	Sodæ hyposulph	ʒ ss
	Chloral hydrat.	ʒ ij
	Acid carbolic. cryst.	ʒ ss
	Ol. picis	f ʒ j
	Alcohol	f ʒ ss
	Sp. myrciæ puræ	f ʒ ij
	Glycerinæ	f ʒ jss
	Aquæ	f ʒ iv

Dissolve the soda and chloral in four ounces of water—dissolve the oil of tar and carbolic acid in alcohol adding the bay rum and glycerine—mix both solutions together—apply night and morning to parts involved, preceding the night application, with bathing in soap and water.

Bloomington, Ind. JOHN E. HARRIS, M.D.

Ichthyol.

Editor MEDICAL WORLD.

Some months since, after much trouble and expense, I succeeded in procuring a supply of ichthyol, and began a study of its therapeutic properties.

It seems strange, indeed, that after authoritative statements of its efficacy by Hebra, Binz, Unna, Lorenz and other German investigators, so little attention has been given the subject by American practitioners. The merit of having first pointed out the great healing power of ichthyol in affections of the skin, and its remarkably wide range of applicability, undoubtedly belongs to Unna, the distinguished dermatologist of Hamburg; and, although his views were published as far back as 1882, very little attention seems to have been given them by the medical press of this country.

I have used ichthyol extensively in the

treatment of acne, eczema, herpes, psoriasis and other affections of the skin. I prescribe as follows:

℞ Ammon. sulpho-ichthyoliei.....f℥i-iv
Balsam Peru.....f℥ss-j
Cosmoline.....℥j

M. To be thoroughly rubbed upon the affected parts, and in long standing chronic cases kept constantly applied.

Equal parts of lanolin and benzoated lard are perhaps preferable to the cosmoline, on account of more ready absorption. In many cases I combine its internal administration with its external use, giving about five minims every three or four hours to an adult.

Its internal use is especially indicated in obstinate, chronic and relapsing cases. Ichthyol is readily miscible with water, and can be flavored if desired.

I have used it in the treatment of furuncle and anthrax, in poisoning by rhus radicans, in poisoning of hands and feet by dye stuffs, and in erysipelas, with excellent results.

It is the remedy of all remedies in burns and scalds; pain is promptly alleviated, and if immediately applied it prevents vesication.

The preparation I have used exclusively, the ammonio-sulphate, is of the color and consistency of molasses, and is possessed of a penetrating, rather disagreeable odor. The skin is discolored yellowish or reddish brown by its use, and this discoloration is more pronounced in presence of an alkali. By long continued use this tendency to discoloration is materially lessened.

Aside from its use in affections of the skin, I have found it highly beneficial in the treatment of wounds, muscular rheumatism, and catarrhal affections of the pharynx and larynx.

In catarrhal affections, I use a 13 to 20 per cent. solution with a steam atomizer. The extensive applicability of this remedy renders it worthy of close study and observation by the profession, and I am confident that those who devote time and attention to such effort will be more than satisfied with results obtained.

Ichthyol can now be obtained of McKesson & Robbins. HOWARD L. WILDER, M. D.

Oswego, N. Y.

The Cord, Etc.

Editor MEDICAL WORLD:

I like your journal much, with its short, terse, plain articles. I hate verbage.

M. P. Parmelee in September number, expresses my mind better than I could have done, and I desire to thank him for his truly noble manly letter, ending (as I consider) a silly controversy. I use the post partum bandage because I believe it gives support to parts needing it, and I try to adjust it so that the support is equal over the entire abdomen. I have nearly always tied the umbilical cord twice as soon as the child breathed freely. I was taught to do so in college, and the reason given is cleanliness, and I think that it is good practice, yet of course I have seen cases where I did not think it best; but as a rule, I think I shall continue as heretofore. In some cases of twins where the placentas are connected, not to tie might give trouble. I am in the habit of dressing the umbilicus myself, and I prefer a piece of old linen, doubled, about 2 x 3½ inches with a hole through the centre, using vaselin, and a broad band over the whole abdomen. Now another thing, even at the risk of being laughed at, that I have learned from old women. I was taught in college near thirty years ago, if the infant shows much phlegm to give a little salt water in a teaspoon. I have for many years used a little piece of bacon or salt, fat pork, making sure that there was no danger of its being pulled apart, nearly as large as my little finger and two-thirds as long. I let the infant suck it for two or three months. The advantages I think are these: the salt cuts the phlegm, the grease opens the bowels, and while the instinct is strongest the child is taught to suck, and the attendant will have less trouble to get the child to take the breast when the mother is ready for it. I wish some one who understands how, would give us a few articles on medical ethics, living as I do remote from medical societies. I sometimes am against men calling themselves physicians and gentlemen, that I am compelled to feel towards and treat with the greatest reserve, and would sooner take into my counsel the most ignorant of my patients. I do not speak of such cases as we would make charges upon to dismiss from a medical society, altho' such cases sometimes happen, but what I desire is for such journals as yours to so educate your readers as to induce more confidence and regard for one another, and not to make popularity and gain the first object, or in other words to put down selfishness. How can we come together in counsel for the good of our patients when we feel that our colleague is watching closely to catch us in fault rather than to aid in saving life or health?

Thanks to Dr. Hartman for article on "gunpowder stains," it came just in time for me. I should have been at a nonplus in a case the day after I received the journal. If I fail to renew at end of my subscription, publish my death notice.

Ceredo, W. Va. J. T. WHARTON, M. D.

If you want to keep a woman's love, keep up a slight, steady flirtation with her most hated rival.

Ergot. Dressing the Cord.

Editor MEDICAL WORLD:

I know that many physicians make a practice of giving ergot just previous to or at the close of labor. I have tried this plan and in all cases the patient suffered most intense after pains. So that I do not give it now, unless there is good reason. To stimulate expulsive pains I prefer gossypium, the tincture from the green root. In some cases hot water injections are valuable. Dressing the cord is a matter of minor importance, as it sloughs off in five to six days. I was taught the "burnt hole" method of dressing it. In some cases I have seen a cloth wound around the cord. I prefer to lay the cord on a piece of absorbent cotton and lay another piece over the cord. Some years since I was called to deliver the placenta, the child having been born two or more hours previously. I found hour-glass contraction—there was no reason to suppose ergot had been administered to the mother, as there was no mid-wife in attendance.

Charlotte, N. Y. S. J. SMITH, M. D.

Comments and Answers.

Editor MEDICAL WORLD:

I would suggest to Brother Miller to try for torpid liver:

℞ Rhei pul..... ʒ j
Leptandrin (Keith's)..... ʒ j
Podophyllin (Keith's)..... gr. xx

Mix. Ft. Mass.—Divide into thirty pills. Sig.—One every other night.

Ergot as a parturient agent should be dropped from the list. Have not used it for twenty-five years, nor ever will.

Incision of vulva is a new idea to me. I have waited on over one thousand ladies, and have never seen a case that it was necessary to do more than to support the perineum with the hand pressed against it.

I have seen two cases of hour-glass contraction, where I am sure no ergot was given, one but a few days since.

W. H. Olsten, M. D.'s article on prolapsus funis umbilicalis is worth a *bushel* to a country M. D. Do so again doctor.

In answer to "Felix, M. D.," page 319, MEDICAL WORLD, would give him a recipe that has proved to be efficient in many hands for prurigo. I have used it for twenty-five years, and do not care to change it for any other.

℞ Ammoniat. hydr..... ʒ j
Plumbi acetat ..... ʒ j
Sulphur sublimat..... ʒ iij
Adipis (or vaseline) q. s. .....

M. S.—Apply night and morning. Use no water on affected part.

Big Valley, Texas. A. H. WILSON, M. D.

Scabies, Illinois Mange, or What Is It?

Editor MEDICAL WORLD:

I have been pleased to see the interest manifested in the above query, asked in the April number. I have received many kind letters of advice, and in each number of THE WORLD from April to September, its name and treatment has been discussed. It has been diversely christened. The treatment recommended is as unlike as its name.

I thank those who have so kindly advised me, and for the benefit of all interested, will give the treatment I have found most successful.

℞ Chrysophanic acid.....gr. v–xxv
Vaseline.....ʒ j

M.—Apply thinly to all parts affected, wash first with warm water and soap. Use three nights. Each morning wash with warm water and Packer's Tar Soap, cleanse carefully, then apply a second lather, dry with sponge.

This prescription is from O. T. Pratt, M. D., Taylorville, Ill., with the exception of the Tar Soap.

I trust the letter from M. P. Parmelee, M. D., with reference to "Prescribing Fornication" will close the controversy.

Marine, Ill. P. S. WEIDMAN.

Dr. Harris' Treatment of Diphtheria.

Editor MEDICAL WORLD:

As regards the article above referred to, my chief objection is the statement that, "with this treatment and proper nursing you need fear no deaths," when we all know that diphtheria—using the word in its proper place—is one of the most fatal diseases extant. Does it sound reasonable that the doctor "not having failed with it in a single case," should pose as the victor over this dread disease for "more than forty years" without this searching people becoming aware of it? I dare say "*Oh consistency thou art a jewel!*" Such promises we expect to find in the advertisements for patent nostrums, but not from the pen of a practicing physician.

I do not condemn the treatment, it is good, but when it is tried in a real epidemic of diphtheria, it will be found wanting, like all other treatments.

Mount Olive, Ill. E. BERNREUTER, M. D.

Editor MEDICAL WORLD:

I am more than pleased with THE WORLD. It has proved invaluable to me the past year, and I think it the best exponent of the *practical* medical thought of the day published. Please accept my best wishes for its continued prosperity. DR. W. L. JOHNSON.

Uxbridge, Mass.

Indigestion.

Editor MEDICAL WORLD:

My journals from Jan. to Sept. now inclusive with my book "Official Formulæ of American Hospitals," arrived safely; and to say that I am pleased with THE MEDICAL WORLD would not fully express my sentiments. I have been a practicing physician for over fifteen years, and I must admit that THE MEDICAL WORLD is the very best journal that I have read or seen. In fact there is about it something I have never seen in any medical journal. Something entirely original. Beginning with "Index of Diseases" one can derive more good from one page of these prescriptions than a copy of THE WORLD would cost. Then "Class Room Notes" are a very valuable addition, and "Original Communications," with its interchange of thoughts giving the success, as well as the "mistakes" of the various members of our profession, is a feature that we can not dispense with, and one that is quite original with THE WORLD. The pages devoted to Formulæ are golden. And last but not least, in fact I may say the chiefest of all the departments of your journal is the "Quiz Column." Thousands of physicians who are to day taking THE MEDICAL WORLD, I dare say will agree with me that this "Quiz Column," is the *very best* feature in medical journalism. What can possibly be of more importance than for us as medical brethren to have an opportunity of asking for information and receiving it through the "Quiz Column?" In this way the editor of THE MEDICAL WORLD not only gives his views, but those of others who wish to come to the aid of their coworkers in the medical science. So long as THE MEDICAL WORLD keeps up to its present standard of excellence I am a subscriber and friend. There are many points in the journals I have read and am reading, which I would like to speak of, but your space will not admit of it. I wish to ask you and all who have an interest in the matter to give me the best treatment for the most troublesome of all diseases in this climate, viz., "indigestion." We have a great deal of this trouble to deal with and as I have been a sufferer with it, necessarily I am very much interested in it.

The treatment of indigestion has not been satisfactory to me, and by conversing with other physicians here I find it the same with them. I have given a great deal of my time to the study of indigestion in its various forms, have sought everything and procured everything in the literature on this subject which I could get. Have tried legions of remedies but still have achieved nothing brilliant in the treatment of this almost universal disease here in the South. If you will do so, and can give us light in this great incubus of the South, and can induce the readers of THE MEDICAL WORLD to come to our rescue with their talents, you will not only be placing your humble servant under unspeakable obligation, but also many others here, who have trod the same weary unwelcome path as the writer. The symptoms are of course varied, no two cases perhaps have the same, and often have I known this disease to be treated for phthisis, hydrops, heart disease, and other affections far distant from the real troubles. There is no disease in which the patent medicine man reaps a richer harvest than he does in this. He describes in his almanac the symptoms of Bright's disease of the kidneys. Some of the symptoms of this disease will correspond with those of indigestion, and so on with phthisis pulmonalis, dropsy, heart disease, etc., etc.

The most prominent symptoms in the indigestion of this climate, are a fulness in the stomach after meals, sometimes even pain, a very unpleasant taste in the mouth on arising in the morning, giddiness during the day, frequently headache, and a dark glimmering before the vision. Soreness on pressure over the epigastrium. Sorene s sometimes in the various muscles of the body, chyluria or micturating a whitish or semi-whitish material with the urine, sometimes scalding in its passage through the urethra, with pains in the region of kidneys. When the disease extends into the intestines we have pains, often borborygmus, gripings or colicy feeling in the bowels. The bowels are usually very costive, sometimes diarrhœa, generally the stools are hard, knotty like, with some of the mucus from the intestines mixed with fecal matter. The e are only a few of the many symptoms of this hydra headed monster, and if you and, the talented readers of THE WORLD will give us the benefit of your experience we shall be your great debtor.

Pesch, Texas. J. P. BAIRD.

Persistent Vomiting: Spontaneous Cure.

Editor MEDICAL WORLD:

Your valuable journal has some very interesting and instructive communications from the pens of able practitioners. They have certainly enlightened and encouraged me often. No doctor should do without it. Long may THE WORLD live! Allow me space to report an interesting case. Hope some brother may be kind enough to give his opinion as to what it was, through the columns of the WORLD. Miss Y——, age 18, stout, robust looking, medium height, dark hair, and not a picture of disease, very intelligent and sociable, able to do light sewing and move around the house. A drive

in a carriage was by no means fatiguing, but enjoyed very highly. She was free from pain in stomach or elsewhere, but as the family stated, vomited everything she ate or drank for three years! She masticates and swallows half a dozen mouthfuls without difficulty. More than that could not be taken into the stomach before reaction took place, and all would apparently be rejected. Repeated efforts in this way would complete the meal, but not till one-half of an ordinary wash-basinful had gone through this process.

All liquids would be served alike. There was no nausea or inconvenience felt from the vomiting; she was the same after the meal as before. Her bowels were moved by periods of from two weeks to three months, now and then requiring a little assistance by an injection.

About one year ago she said she felt and also heard something give way in her body, and from then till now was able to eat and drink without any vomiting whatsoever. She says she is now like other women and rejoices in her miraculous recovery. The lady was seen and examined by perhaps fifty doctors, and under treatment of half a dozen regulars, without having arrived at anything satisfactory in the way of diagnosis or treatment. To me is ascribed the credit of her recovery, merely by taking on a little dignity, having hysteria impressed on my mind, and only giving simple directions of exercise, mingling in society, fresh air, &c., and awaiting for nature's cure, and encouraging her by saying that she would positively see the day that all would be well, without my giving a drop of medicine. This was a bold assertion, after she had been treated by much older and abler physicians for spinal irritation, cancer, ulcer, tumor, &c., of stomach.

Seven Points, Pa. E. M. EMRICK, M. D.

Hour-Glass Contraction. The East Indies.

Editor MEDICAL WORLD:

In reply to your question, about administration of ergot in placental delivery, page 314, September number, I was informed there was no drug given by the mid-wife to the patient. Hour-glass contractions principally occur from spasms of the muscular fibres of the uterus, superinduced by a congested state of the placenta, the latter showing varied discolorations when extracted. I have known patients to complain of pain and tenderness, accompanied by heat in the organ, months before delivery.

About the East Indies, same number, page 291. "All is not gold that glitters." Calcutta, Madras, and Bombay presidencies, each have their medical colleges, annexed to the general hospitals, turning out some European, half caste, and native doctors. They are all supposed to speak the vernacular language: a great obstacle and loss to a new comer if he is attending native patients.

I write this from experience, although I left that country in 1857, the year of the mutiny; speaking its language, and knowing its habits, religious principles, prejudices and modes of living; so different from anything we could call civilized customs. Caste is not religion alone; it has a social standing, which is guarded with jealous pride. They do not accept medicines put up by whites, but through a native doctor, who must be of high caste, hence all native regiments have one of these independent of the European surgeon. Millions of Hindoos that comprise the greater population of India, are non meat eaters, it being the fundamental principle of their religion. Unleavened bread, lentils, and all the vegetables make up their sustenance. There is a rich lore of remedies to be acquired from that country as yet unknown to the civilized world: together with fruits, vegetables, oils, fowl, game birds, etc., which would be new to the United States and Europe. Most practitioners inland are British army surgeons, men of good ability and education, but with little practical knowledge of every day life. They are mostly unacquainted with the language and customs of the inhabitants, and are too proud to make the necessary inquiries for any investigations; they receive their monthly allowance, live at ease, and look forward to gaining a pension when their term expires, and returning home. Any one thinking of going to India should not venture beyond Calcutta, Bombay, or Madras, and should provide himself with a native doctor, as a paid assistant, and keep his own drugs. Those desiring fame in the pages of medical history as botanists, discoverers of medicinal plants, &c.—should go to Malwa and the western provinces.

Bloomfield, Cal. E. MAGUIRE.

A Shot Gun Story.

Editor MEDICAL WORLD:

The following I relate during this extreme dry weather, as the foundation for it was laid at that time, and might help the incredulous among your readers to believe it. In June, 1885, I was called to a young woman in confinement; primipara, unmarried. The case progressed finely and she gave birth to a bright little girl babe. The girl lived with a man and wife who were childless. During the day I was told by her mother and the lady of the house, "how the thing happened." The September previous, when very dry was the weather and water scarce, the girl drove some cattle to a stream

for drink. An unruly steer ran across the stream in the high grass; she followed a short distance, when up jumped a man, a stranger, pointing a double-barreled shot gun at her, and told her to halt, and lie down and submit to his desires, or he would shoot her. Frightened and alone, she did as told and remained there about half an hour, when the act was repeated. He then left. She headed off the unruly steer who was quietly browsing a short distance away, went home, but continued driving cattle every day, while the dry weather lasted.

I smiled, said nothing, but that it was a sad affair. When I handed the child to her mother, she went into another room and proceeded to wash and dress it. I remained with the young mother, with another lady present, when she repeated the shot gun story. I told her I did not believe it, it was too ridiculous to tell for truth, when I heard her mother calling "Doctor, doctor! come here quick! here is the proof; never you contradict my daughter again!" Hastening to her side, I saw she had turned the child on its face in her lap, and to my astonishment there was a black spot, reaching from one shoulder to the other over the spine, the center, the size of a silver dollar, was as black as any African's skin, while towards the edge it faded away in dark and white spots; looked like the discharge from a shot gun, in the back, the powder remaining in the skin. Seeing I offended the family by my obstinacy and disbelief as to the cause, I declared it must be true for *there was the proof*. The lady of the house with deepest sympathy for the girl, and tears streaming down her cheeks said to me, if she had only told it at the time it happened, her man would have had a party after the villain and hung him. The child's features, and color of hair and skin and eyes, are the same as the would be avenger, had they only known it in time. Recently the mother brought the child to my office. It was suffering from bowel trouble from teething. I asked to look at its back, and found the discoloration of the skin enlarged with the growth of the child, and hair, black color, growing from the center, from an inch to an inch and a half in length. I will not add the stereotyped expression of commendation of THE MEDICAL WORLD, but only say it is my medical meat and drink.

Farmer, Ohio. B. E. MILLER.

Editor MEDICAL WORLD:

Please send me three binders. I want to take care of the WORLD, as it really contains a world of good things. J. W. FLICK, M. D.

Honeoye Falls, N. Y.

Diphtheria and Pneumonia.

Editor MEDICAL WORLD:

Whenever I read in a medical paper of a certain formula indorsed by several physicians, I then try it at the first suitable chance.

The following formula has proved successful with me as a local application for diphtheria, whenever I was called in time:

℞ Acid carbolic.....gtt. viij
Liq. ferri sub sulph.....f℥ ij–iij
Glycerinæ .....f℥ j
M. S—Apply three times a day.

This formula was given lately, either in THE MEDICAL WORLD or Med. Brief or in both. I have been using it for the last six years, and saw it first in Naphey's Medical Therapeutics, 6th edition, page 517, formula 983. Prof. J. Lewis Smith, M. D., of New York, seems to be the author, as it is given in his treatment for diphtheria. When he said, "Gentlemen, pneumonia will get well if you let it alone," the treatment he then gave has been my guide more or less, and I have had better success in the treatment of pneumonia than in any other disease; for all my fatal cases in a seven years' practice were old persons beyond the meridian of life. My treatment has been, if the bowels are not loose, to give a purgative right at the start and afterwards an occasional laxative if necessary; for the pain four grains of Dover's powder about every four hours. This generally soons controls the pain; then give the powder only as often as necessary. Sometimes I use in addition locally for the pain, one part oil turpentine and two parts lard; heat them and apply on a woolen rag, renewing twice a day; using quinine from beginning to end, causing slight cinchonism till the fever is broken; then tonic doses, also some form of ammonia, first the muriate and afterwards, when symptoms denote weakness, the carbonate. Bromide of ammonium is also a good stimulant and hypnotic. If still more stimulation is required, give tincture of digitalis, sp. chloroform, or alcoholic stimulants. Pneumonia is self-limiting; if we therefore keep the patients alive over nine days, they will get well almost invariably; therefore blood-letting, large blisters and large doses of aconite must do harm. When the fever is high at the beginning and the surface dry, I use for one or two days only with the above, a combination of sp. nitre, aconite and jaborandi, which generally causes diaphoresis. Give a light diet throughout the disease, such as milk, eggs, etc. Sometimes I find after convalescence that the effusion is slow to absorb; then a small fly blister with iodide of potash internally, and tonics, are all that's needed.

Beemont, Mo. T. BEYERSDORF, M. D.

Calomel.

Editor MEDICAL WORLD:

In all kindness I would suggest to "H. S." "Typhoid Fever," page 305, THE MEDICAL WORLD, for September, that he look up the studies and experiments made with calomel, in the last three to five years, by careful investigators, both in Europe and our own country; after which he might be more careful in his wholesale use of it.

In the first place, calomel is insoluble in all secretions of the body, until, by contact with some of them, it is chemically changed.

Who knows what that change will be? It is guess-work entirely.

Next, I believe it has been fully proven by positive evidence, that calomel does not act upon the liver at all.

Third. He gives it until the bowels move, in all cases of typhoid fever, and also says that some of them "play out even under this treatment." It is a wonder to me that they do not all "play out," for they must contend against the disease and doctor too.

I regard a diarrhœa in typhoid fever as among the worst conditions of the disease, and it seems to me, that a doctor who would set one up with calomel or anything else, cannot have a clear understanding of the disease.

How is it, that ninety-seven per cent. of typhoid fever cases have time and again, by careful nursing and hygienic treatment alone, been cured, while in the practice of a large number of doctors, fifteen to thirty per cent. die?

Le Sueur, Minn. E. P. WHITFORD.

Uses of the Pancreas.

Editor MEDICAL WORLD:

The secretions of the various glands, especially those of digestion, if properly understood and dealt with in their normal capacity, can be utilized as restorative and sedative agents in nerve-tissue and muscular derangement of the intestines, and also in general debility from non-absorption, irritation and anæmia.

The pancreas has a special centre in the medulla, which controls its secretion; the nerves supplying it proceed from the splenic, hepatic and superior mesenteric plexuses. Its juice is secreted intermittently, and enters the alimentary canal by the same orifice as the bile. It is a thick, transparent fluid, sparingly secreted, colorless and tasteless, and has a strong alkaline reaction. It contains so much albumen, that on boiling, it coagulates; *and its albumen is precipitated by all mineral acids.* The gland is most active two hours after food; then it secretes more slowly, and again becomes more active from about 5 to 7 hours after a meal.

Although secreted in small quantity, the pancreatic juice is one of the most important of the digestive fluids, for it contains three hydrolytic ferments, viz.: a peptone forming ferment, *trypsin;* a fat splitting ferment, *steapsin;* and a diastatic ferment, *amylopsin.*

1. Trypsin converts proteids into globulin and then into peptones; but this action takes place in an *alkaline fluid only*, and is of a corrosive nature; for albumen subjected to its action does not swell up, as it does with gastric juice, but is slowly eaten away. The peptones, however, are only half consumed by the trypsin, while their remaining half is converted into leucin and tyrosin; but when derived from fibrin and gluten, asparaginic acid also appears, and if the action of trypsin be protracted it leads to the formation of the fœtid substances named indol and phenol.

2. On fats the pancreatic juice exerts a double action; it converts them into an emulsion and then decomposes them, with the absorption of water, into glycerine and the fatty acids. *Two* parts of pancreatic juice are required to emulsionize *one* part of fat. After complete decomposition by the agency of *steapsin*, the fatty acids form soaps with the alkali of the juice of the intestinal fluids.

3. On starch the action of the pancreatic juice resembles that of saliva, but it is more energetic; the amylopsin it contains acting not only on boiled but on raw starch, converting them into dextrin and grape sugar.

The salts of mercury in *small* doses stimulate the pancreatic secretion, while atropine arrests it. DR. C. COLEMAN BENSON.

413 N. Charles St., Balto., Md.

Brinkerhoff Treatment.

Editor MEDICAL WORLD:

One of your readers asked in THE WORLD what was the so-called Brinkerhoff treatment for piles, etc. I being one of his many victims, having paid for the privilege of using his *very painless* treatment, and using it for some year or more, am prepared to say that although I obtained considerable information of how such diseases should be treated, yet practically the Brinkerhoff treatment is a fraud; having no special advantages over any other carbolic acid treatment, such as has long since been known to the general profession. As to its being painless I can say from positive experience that this is far from being the case, as I have had several of my patients hint at a suit for malpractice on account of such excruciating pain and soreness; so that I even forgot to ask them for my bill. The Hemorrhoidal Compound, as

he sees fit to call it, is nothing more than carbolic acid incorporated with pure sperm oil or glycerine. As letters patent of U. S. 241–288 of May 10th, 1881, show, his other fluid for injecting into the rectum consists of dist. ext. hamamelis, etc. He has a salve, of which carbolic acid is the great desideratum; and added to all this are little paper bags of starch, holding perhaps an ounce, each of which he liberally sells for ten cents as an adjuvant to his other treatment. Altogether the treatment is not a bad one, save the idea of it being painless; and the pretence that he was the originator of the ground plan so long known, of treating piles by carbolic acid.

As to his *rectal ulcer*, which he scares so many of his patients about, and of which so many are illustrated in the pamphlets sent out by him, it is nothing more than the internal sphincter ani; not but that there is ulceration of the rectum, resulting many times in fistulous openings, but they are not of the form represented in his pamphlet, nor are they to be found in everybody's rectum as he would have one believe.

His rectal speculum is a good one, but Dr. Rorick's patent, also the one made by Aloe & Co., of St. Louis, Mo., have equally as good merits, and one does not have to purchase a hundred and fifty dollar territory in order to get one.

I could say much more of this so-called Brinkerhoff treatment, but I think further comment unnecessary.

Modoc, Ill. J. E. LAYTON, M. D.

Answers to Inquiries.

Editor MEDICAL WORLD:

Dr. J. W. Dowden's case is one of peritonitis, or it resembles some marked cases of typhoid fever I have had. Antiseptics and arterial sedatives were the remedies indicated at the beginning—such as baptisia, which aids capillary activity, and thus increases the vital resistance of the organic functions.

Dr. S. W. Hopkins' case of seminal weakness will be benefited by a mild current run from the lumbar regions through the genital organs once a day for awhile. At the same time nux vomica may be given in doses of 1 to 2 drops every three or four hours, alternated with the syrup of compound hypophosphites, in doses of a teaspoonful three times a day. Or a syrup of the hypophosphite of lime, made by adding 2 grs. of the lime salt to 1 ℥ of simple syrup, and 2 drops of the saturated tincture of nux vomica to each dose. But as the editor says: "The play time of youth is passed."

Dr. D. D. Halstead, of Pratt, Kan., should examine the urethra with sound. There may be an ulcer; if not, bismuth and Lloyd's white hydrastis, injected, diluted one-half, will cure the case. To his other alteratives, add the tincture of lappa minor (burdock) seed, top, and root. This is a good alterative.

To the inquiry of J. H. T., I will respond when he signs his name. I would say that a saturated solution of Monsel's salt, applied twice or thrice a day, and 5 drops of hamamelis given three times a day may cure. I cure some with 5 drops of the tincture of collinsonia; and some cases yielded to the tincture of hypocastaneum—5 or 6 drops ter die. Some cases yielded to 1 to 2 drops of the tinct. of aloes. If these remedies fail, I inject the tumors with carbolic acid, or in some cases, I have ligated them with success. If the tumors are large, it is best to arm a needle with a double thread, and run it through, and part it, and tie each side or half of the tumor separately.

Dr. R. W. White may try the tinctures of chionanthus (see author's *Materia Medica*), and of berberis vulgaris, equal parts, and give a teaspoonful three times a day. This will cure.

If Dr. H. G. Peter will inject the veins and arteries with the solution of arsenic and the chloride of zinc, after washing out the blood, he can preserve the subject a good while. Arsenic and corrosive sublimate will preserve a good while. We preserved a man that was hanged in Ga. in this way, and kept him some time in our college museum as a good specimen of a hero in the wars of Venus, but a large hairy worm attacked him in summer.

Marietta, Ga. I. G. M. Goss, M. D.

To A Blunderer.

Editor MEDICAL WORLD:

A few words in reference to "A Blunderer's" article in September number of THE WORLD. "Did you ever give expert evidence in a case of bastardy to the effect that the woman was not pregnant, and she gave birth to a baby nine months from the day you examined her?" The doctor is certainly very frank, and he surely made no mistake or slip on that occasion, only a little lack of confidence upon his part, and if he will acknowledge and hand over his right fist we will heartily "shake, brother." THE WORLD is surely one of the best, if not *the* best, journals published for the busy practitioner.

Huntington, Ind. J. E. LYONS.

Dr. Dowden's Case.

Editor MEDICAL WORLD:

The case which Dr. Dowden described on page 353–4, October WORLD, I think is one of typhlitis. If the Doctor will turn to Prof. I. J.

M. Goss' work "American Practice of Medicine" he will find his case nicely described under that head. I have a case of the same on hand now. A young man was carrying grain from a threshing machine when he first noticed pains in the right iliac region, he had been constipated for several days and evidently the work aggravated the trouble. In eighteen hours time I found the following conditions:

Temperature 103, pulse 120 full and strong, surface of the body hot and dry, constant desire to urinate, urine scanty, of high color and producing a burning sensation when passed, much nausea and vomiting, patient on his back, right leg fixed, and caused increased pain to extend it, a prominent enlargement in right iliac region just above Poupart's ligament, marked tenderness on touch, constant pains in the part, in a short time pain and tenderness became more extensive, and soon had general peritonitis to contend with.

The patient is now much improved and on a fair way to recovery.

Under favorable circumstances, recovery will take place in from two to three weeks. From the symptoms given in Dr. Dowden's case, my treatment would have been one-half drop doses of Norwood's tincture of veratrum every hour until fever was reduced, to produce diaphoresis and a good action of the kidneys. Control the slimy diarrhœa which is apt to set in after the fourth or fifth day with opiates. Meet the remittent tendency of the fever, with appropriate remedies, and use hot fomentations as long as there is any enlargement in the region of the cæcum, give no solid food, depend entirely on milk and broths for diet.

Burnett, Wis. E. A. Bass, M.D.

Dr. Jennings' Case.

Editor MEDICAL WORLD:

I will state that if Dr. Jennings will try 20 drop doses of chloroform in gum water every four hours for a day or two, he will relieve his patient entirely, (for the time) of albuminuria. Repeat as often as it appears in the urine. Hold her up well with full doses of tincture of iron and chlorate of potassa, and she will make the trip safely. When convulsions come on, bleeding from both arms as much as can be borne is considered the best anchor of safety among the best physicians of the south.

Fort Valley, Ga. J. H. CRAWFORD.

Prolapsus Uteri.

Editor MEDICAL WORLD:

Dr. C. M. Gibson, in the August number of MEDICAL WORLD asks for treatment for prolapsus uteri, stating that he has used uterine supporters, vaginal injections and internal treatment with but indifferent success. His experience doubtless coincides with the majority of medical men. With such means I have had like results until I pursued a different plan of treatment. Now I never use a uterine supporter except in extreme cases, and only for temporary relief. I have found by extensive experience that astringent or antiseptic injections are not deserving of much confidence. I have, however, demonstrated by abundant experience that the *sacral plexus* of nerves must be invigorated by electricity, and then the barrier to success will be removed in all simple cases of prolapsus uteri. A uterine tonic of helonias will hasten the cure. For the purpose of increasing the tone of the sacral plexus of nerves, which preside over the uterine system, I have a mild, continuous current of electricity made to pass through the sacral plexus during the whole of the night, while the patient is asleep. The reason for this is obvious. To do this I have the patient use what is called a convoluted galvanic belt, which is made for the purpose. The strength of the current can be increased or diminished as required. A common expression from the patients after pursuing this treatment for a few weeks, is that "it seems to draw the organs up." This treatment gives uniformly excellent results. It does draw the organs up, owing to the increased tone and renewal of life of all the structures of the uterine system. It is not what is ordinarily understood as an electric belt.

Please renew my subscription to the MEDICAL WORLD. Enclosed find subscription fee.

Holly, Mich. GEO. F. HUNTER, M. D.

Funis. Hour-Glass Contraction.

Editor MEDICAL WORLD:

"Ye powers on what a slender *cord* hang everlasting things."

To me THE MEDICAL WORLD is what a love feast is to a Methodist—a place where individual experience may be had and may be given without a rehash partially rendered, or possibly garbled, of the opinions of other men.

The publication of my experience in early ligation of the funis—July number—was prompted by an article appearing page 672, April number *Am. Jour. Med. Si.*, and has accomplished my design by directing attention and eliciting criticism. I do not however occupy *exactly* the position my friends award me, but still claim the postulates in said article to be correct and the practice good—proved so by the happy results attending it in many hundreds of cases that have come under my own observation. The placenta is often lacerated, or cord partially detached, as every practitioner has found to be the case. We should be aware

of such a contingency, while two arteries carry blood from the infant, and "govern ourselves accordingly." The very brutes instinctively gnaw off the cord immediately after the birth of their offspring—the laceration preventing hemorrhage—but a doctor will perhaps find it more convenient and agreeable—after tieing firmly to prevent hemorrhage—to sever the cord with scissors or even a knife.

We can only give the *thought* in brief condensed articles; thinking men understand it. Allow me here to barely intimate, delicately hint, in the most oblique and modest manner possible, that an ample library, "up to the times," *i. e.*, date, adorns my office, and we are fairly acquainted with the views and teaching of obstetricians, and also, we are aware of the heterodoxy of the afore mentioned article, which may be an innovation upon established custom. Progress is thus made despite the cry of heresy.

I submit that thirty-seven years are more incisive to the mill stone than seven can possibly be. Medical men should be free to criticise but *courteous*.

In note to Dr. E. Maguire's article, September number, the question was asked whether the patient had not been given ergot, as the Editor had never known a case of hour glass contraction except where ergot had been taken. I have been called to two cases of hour glass contraction in which the drug had not been used. First case residing 6 miles out of town, had no assistance save that of a neighbor woman, who did nothing more than tie cord and remove child before my arrival. Second case also in the country. Mother finely developed. Had a "quick good time." In both of these cases I found placenta firmly adherent to fundus, contraction immediately beneath, too firmly adherent to be peeled off—had to be "removed piecemeal." We will say nothing of coming hard and difficulties of removal, suffice it both mothers fortunately recovered.

Madison, Ind. W. D. HUTCHINGS, M. D.

How to make a Bandage Fit.

Editor MEDICAL WORLD:

I notice that none of the writers on post partum bandages mention the process of fitting them to the patient. A strip of strong cotton cloth, wide enough to reach from the lower end of the sternum to the great trochanters, with a suitably wide *gore* against each hip, will make the bandage sit steadily, if it is put on smoothly and tightly.

I always apply the bandage in such cases, feeling that it does good both physically and morally.

Portsmouth, N. H. N. L. FOLSOM, M. D.

Diphtheria.

Editor MEDICAL WORLD:

I wish that all practitioners who read the WORLD would turn to page 314, September number, and make a careful note of the treatment of diphtheria, by Dr. Harris, Emporia, Kansas, and give it a thorough trial.

During twenty-five years extensive journal reading, I have come across several men of long and large experience in the treatment of diphtheria who never lost a case. Their treatment has utterly failed in other hands. So will Dr. Harris's.

What are we to infer?

As I read the mortality statistics from the centres of medical learning, they vary a little from time to time, but the average from diphtheria is close upon fifty per cent.

I never hoped to excel men like Flint, Jacobi, Loomis, Agnew, &c., but have always done my best. I am willing to let my successes go at fifty per cent., and my experience has been that of the practitioners of my acquaintance in the northwest in general. In some epidemics I have almost doubted my diagnosis when a patient recovered.

I class all cases of membranous disease of the larynx and trachea as diphtheria, whether the membrane invades the visible parts or not. On this basis the last outbreak witnessed by me in Dakota terminated fatally in four cases out of five.

I forgot to state definitely that the phenomenal successes found by me during twenty-five years' experience were all in the journals. I have never found one in actual practice.

Fort Bedford, D. T. S. S. TURNER, M. D.

Tying the Cord.

Editor MEDICAL WORLD:

Please correct in next issue of THE MEDICAL WORLD a printer's error, which occurred in September number, page 317, for qts. opii read ozs. The more I see of THE MEDICAL WORLD the more I like it. I have seen a great many medical periodicals in my day. The articles being concise and practical, suits me.

I wish to record my idea of treating the umbilical cord. Never be in a hurry in tying the cord, see that the child breathes freely, and it is better to have the pulsation of the cord cease. If the child appears dead when born, put it into a hot bath, and if necessary gently inflate the lungs, and let a little blood out of the cord, Never tie the cord until you see respiration well established, or you are satisfied the child is dead. I like to hear the child cry before tying.

Delaware, Ont. A FRANCIS, M.R.C.S., Eng.

Removal of Foreign Body from Nose.

Editor MEDICAL WORLD:

Having seen something in a back number about "Necessity being the mother of invention, and a gimblet," I mention a little incident. Called August 3d to see a child, age 6 or 7, as her parents said, "with something up her nose." This being my first year of practice, and "that fortune" made thereby not collected, my supply of instruments was short. So I started for that "something" with a two-foot piece of *broom wire*, a *knitting needle* and a *hand saw file*. Heated needle and bent it to shape of letter U, and used as speculum. Made small loop on end of wire, for blunt probe. Found the object and then made short hook on end of wire, managed to get behind the object and pulled out a piece of *corn stalk pulp*, about half an inch square, large enough to completely and closely fill the nostril. Her parents said they were "satisfied that it had been there between five and six weeks." Found on close inquiry that she had been whipped for putting those objects in her nose, and would not tell of this. She lost about a couple of tablespoonfuls of blood while removing it. She recovered in a few days nicely, with cold water dressing. I should have stated that I found object very high up, with face swollen and nose quite tender. The "pretty part" of it all is, they are too poor to pay me. Have put my crude instruments in my "museum." Am anxiously waiting October number of WORLD.

Briansville, Ark. W. L. W.

Our Only Fault.

Editor MEDICAL WORLD:

The only fault THE WORLD has is that it comes so seldom. A weekly would be a real blessing in emergency cases. As it is, the moral courage doctor who has asked for advice, gets it (plenty of good advice too); but it comes too late for his patient's benefit.

In obstetrical cases, I use the binder. The placenta is taken away as soon as possible, the cord being used as a guide, not for traction purposes.

Pressure is made over uterus by an assistant.

The cord is not tied until it has nearly ceased to pulsate.

I always carry forceps to such cases, and have only used them twice in thirty years—in both cases failed. One consultation case ended in craniotomy—the other was a badly managed one in the hands of an ignorant midwife. The head was at the outlet. I could not get the forceps on and effected delivery by extreme and long continued pressure over uterus. The woman got well slowly—child was all right.

In looking back at the results of my practice, I feel no regret at not having become familiar with the use of the forceps. It is now past midnight—I am expecting a call at any time—and will carry along the short handled forceps.

We want "truth, the whole truth, and nothing but the truth" for our WORLD.

Manufactured cases are most contemptible.

Mistakes in practice will prove instructive and easy, provided a good report is given of diagnosis, prognosis, and treatment.

I would send some myself were I not ashamed to sign under them.

Utopia, Tex. C. H. DONNELLY, M.D.,C.M.

Torpid Liver.

Editor MEDICAL WORLD:

Dr. Miller asks for treatment of torpid liver—please ask him to try the following formula, which I have found very effectual for a number of years.

℞	Fl. ex. tarax	ʒ ij
	" mandrake	
	" gentian	
	" humulus	
	" berberis aquifol	āā ʒ iv
	Tinct. nucis vomica	ʒ ij

M.—Put ʒ ij into ʒ iv of syrup and let patient take a teaspoonful after each meal.

Armada, Mich. C. H. LINCOLN.

That Binder Again.

Editor MEDICAL WORLD:

I have read with interest the many articles for and against the post partum bandage, and do not believe that any of the objections urged are applicable to the properly applied bandage. In bandaging a fractured arm some skill must be used, as a too loose application allows crepitus and large callus, while too tight strangulates the circulation causing gangrene. So it is with the parturient bandage: if too loose it gives no support, and if drawn like the girth of a saddle, it may bind the uterus against the back bone.

The following are my reasons for using it, and it will take some proof of its injuring to make me abandon it.

1. It gives support and comfort to the woman, (which fact alone commends it highly).

2. It allows movement and change of position, with comfort, whereas without its support the enlarged womb would roll about "like a pumpkin in a sack." Its moderate and even pressure prevents displacements, far more than it tends to cause them.

3. Its moderate and constant pressure tends to prevent relaxation and consequent hemorrhage.

4. It decidedly aids in preventing pendulous belly.

5. If anything goes wrong with the mother or child, the accoucheur is severely slandered, especially in small towns and country practice, if he has not used the bandage.

My mode is to take a wide piece of soft muslin, and apply it from the ensifom cartilage to below the trochanters, and pin it as tight as is comfortable to the woman. Used in this way I cannot see in what way it can do harm, and I know it to be productive of much comfort for the first three or four days. After that it may be laid aside.

Since writing the above I have attended a lady in natural labor, and while applying the bandage, I remarked to her that there was a great round of argument for and against using the binder, going on in one of my medical journals (THE WORLD). She replied, if those who opposed it could only experience the feeling of goneness and faintness that always follows delivery, and then experience the relief, comfort and support a well applied bandage gives, they never would oppose it afterwards.

Gentlemen, can we discuss this question fairly if we leave the woman's feelings out of consideration?

Will not that intelligent lady Mrs. F. J. Hannon, give THE WORLD's readers her experience?

I have just tried Dr. W. B. Steere's ℞ for excessive after-pains; but not with the success I had hoped. I shall try again and report. I had to fall back on my old stand-by, an opium suppository.

Grand Junction, Colo. H. E. STROUD, M.D.

The Metric System.

Editor MEDICAL WORLD:

I have been much interested in the writings of various members of the profession on the metric system.

If I might be allowed to make a suggestion as a member of that long suffering and oft reviled class "but a medical student," I would say that the hope of medicine lies in the future, not in the metric but in the volumetric system. We find that the majority of tinctures have a dose of 1—2 fl. dr. Why not dilute up or down as the case may be to make the dose for *all* tinctures ½—1 dr. I, in a like manner deal with infusions and solutions. The only objection that could be reasonably raised is that of bulk, and as I cannot see why ½ dr. cannot travel the same road as 10 minims, it hardly holds, that is at least with me. In conclusion I would say that there would be very little probability of poisonous doses being administered, for the doses of all being the same, it would not matter toxically considered, whether the patient got a drachm of vin. rhei, or the *volumetric* sol. of morphia.

To say that I am delighted with the WORLD is but poorly expressing it. My subscription commenced as a student, shall most certainly be continued when I reach the honor of practitioner. I might add that I find your "index of treatment" especially valuable, as students are usually confined to the text-book and lecturer, which breeds a certain narrowness; but where you have several lines of treatment to pick and choose from and carefully compare, reasoning out the advantages and deficiencies of each, it becomes invaluable.

Toronto, Can. W. B. NESBITT.

[Your suggestion is a sensible one and deserves the attention of the revisers of the Pharmacopœia. The alcohol would be objectionable in some, but this could be obviated by making the average dose of all such tinctures as that of aconite, veratrum, belladonna, etc., uniform at ten minims, and the less dangerous drugs a drachm each.—ED.]

Prolapsus Uteri.

Editor MEDICAL WORLD:

I have a case of Prolapsus Uteri, that I would like very much to have some of the contributors of the WORLD give me their treatment for.

Case: Miss C., aged 16 years, virgin, has been troubled with prolapsus six months. She attributes cause to the lifting of heavy rails, as she was seized with a violent pain in the back and lower part of the abdomen, while lifting said rails. On digital examination the womb feels low and very much congested, and retroverted with considerable erosion of the cervix. She has been troubled with metrorrhagia a great deal since her illness.

Answers to the above will be appreciated and will doubtless help me to relieve my patient.

Alto, Texas. J. H. EVANS, M. D.

For Sore Lips.

Editor MEDICAL WORLD:

I subjoin my remedy for sore lips—such as come in the night during sleep. The sore often appears in the form of a wart, which opens and bleeds. Very often persons are prevented from eating by the pain and bleeding.

The remedy is useful for any sores about the lips, except those which are due to malignant disease.

℞	Zinci sulphat	gr. xx
	Plumbi acetat	gr. x
	Pulv. kino	gr. x
	Acid. tannic	gr. v
	Aquæ	℥j

M. S.—Apply frequently.

Quincy, Pa. J. HESS, M. D.

Hour-glass Contraction.

Editor MEDICAL WORLD:

In THE WORLD for September, 1886, page 414, in an editorial note, the following language is used: "We have never known a case of hour-glass contraction except where this drug (ergot) was used."

I have two cases to report.

December 15th, 1866, I was called to a woman under the care of a midwife. The child had come eight hours in advance of my arrival. I found the placenta retained by hour-glass contraction.

April 22d, 1884. I was called to a woman in the same condition, only the child was twelve hours in advance of my arrival. In each case the midwife reported having given "forcing teas, but could not get the after-birth to come away." Upon inquiry I found the "forcing teas" were made of "garden tansy."

I relieved each case by carrying the hand up to the point of difficulty, and dilating the loop with my finger, then bringing the whole mass away before my hand. These ignorant midwives knew nothing of ergot. What did it? Could "garden tansy" have had the effects of ergot? I do not know.

Newport, N. C. E. L. PERKINS, M. D.

[I was careful *not* to say that hour-glass contraction never occurred except after ergot, but only that I had never met such a case. My caution was well-founded, for about a dozen of our quick-witted contributors have caught at my note, and brought forward cases like the above. But that is just what we want, to enlarge our own knowledge by adding the experience of others. I will venture the assertion that not one of you reads the Original Communications with more interest than—The Editor.]

For "Sea Sickness" on Land.

Editor MEDICAL WORLD:

If M. D. of Bainbridge, Pa., or any other person will send me his address, I will send him a remedy, free of expense for "Sea Sickness on Land," on condition that he will report to me the result of treatment after trial on two or three subjects. Then I will name the remedy either to the Doctor or THE WORLD. I would like to mail free samples of this simple remedy to a hundred or more honest doctors.

As I am not seeking notoriety, address simply Box 954, Elkhart, Ind. My name will accompany the sample sent.

THE WORLD is a good and refreshing work to read. GEO. CHAFFEE, M. D.

University Michigan, Class of '81.

Death During Delivery.

Editor MEDICAL WORLD:

In June, 1880, I was called to attend a negro woman in confinement with her seventh child. When I arrived she had had considerable hæmorrhage. She was lying on a pallet at one end of a small room, and the blood was dripping on the floor at the other end. She had lost a half gallon, perhaps more, of blood, still the pulse was quite good. I found the head presenting, and engaged in the superior strait. The os was well dilated, and the contractions were quite hard and frequent. I also found that the hæmorrhage had ceased, so I apprehended no more trouble. The pains continued good, and the child to advance for about one hour, when the contractions suddenly ceased, leaving the head about half born. The patient at this time said she was dying, that she had no pain about the bowels, but complained of smothering. I felt the pulse, and it was very weak. I kept kneading the womb for about ten minutes, but could not get it to contract. I then gave her hypodermically one-half drachm of ergot, but she still had no pain. She continued to complain of smothering, and expired in about fifteen minutes from the time the pains ceased. I tried to extract the child before she died, and after she died, but I could not do so. I could not reach the axilla of the child, as the head was only half born, so I only had the head to pull on.

What was the cause of death? Was it the *hæmorrhage?* I think not. And why did the womb cease to contract so suddenly? I could not get a post-mortem examination. Would be glad to hear from your readers.

Manchalla, Texas. W. A. ELLISON.

Dysmenorrhœa.

Editor MEDICAL WORLD:

Thousands of valuable facts perish at the death of the possessor, but why should such be the case any longer when so grand an opportunity is offered through the Medical Press to make them known? Many grand remedies are withheld from the public simply because they appear so simple, and simple remedies are what we are in search of, for verily there is nothing new under the sun, that is, if new to many, known to many others. If the medical fraternity will only give substantiated facts—or, if you please, specific treatment, in brief, our medical journals would have fewer pages and many more subscribers. Please bear patiently with the wrinkled faced old mid-wife when telling of some wonderful remedy for such and such disease; despise not the old darkey in his rambles through oak and pine for "rheumatiz

arbs," for verily he knows his root, and by studying the lower creation in their rambles through space and time; right about you will be found the specific cure for the diseases peculiar to the neighborhood, for such is the wise provision of Nature. And this being the fact, to the country doctor we must look for healing revelations more than to our city cousins. The WORLD is a big thing, and I hope by my mite to help make her bigger. Dy'e see the point?

FOR DIFFICULT, PAINFUL, AND OBSTRUCTED MENSES.

This is worth remembering. Take a small handful each of the red cox-comb flowers (no seed) and the tops of the horse-mint, over which pour a pint of boiling water and set aside to draw and cool sufficiently to drink. Of this take two-thirds to one gill warm, two or more times a day, as the case may require, at the time of the menstrual flow and during the flow, and you will rejoice at the speedy result. The flow can be made much or little according to quantity and strength of the tea given. If persisted in at any monthly flow it will cure any case of painful and scanty menstruation, many cases of the difficult, and quite a number of the obstructed; and likely not a case will be found that cannot be cured, unless deformities or organic disorganizations exist. This remedy is new to many, and probably old to others, no matter which, it will do all I claim for it. The field is open for other employment for this remedy.

Cox-comb flowers alone or horse-mint, are good of themselves for these troubles, but when combined are unexcelled, aye, magical in their effects. Nothing of a helpful nature should be withheld from the busy practitioner, and the more simple it is, the better. Gentlemen this remedy is before you for your special benefit, not simply to be found in print or to show my name. J. ZACK. TAYLOR, M.D.

Deal's Island, Md.

Gunshot Wound of Chest.

Editor MEDICAL WORLD:

A young man was shot about half an inch below the left nipple. Being called in, I at once gave him morphine to arouse him from the shock, and sent for Dr. Abernethy. By the time he arrived reaction had set in. On examining the wound we found that one rib was fractured, and the ball had penetrated the thorax, wounded the left lung, and was found imbedded in the fascia on the same side, about five inches from the spine. The patient declined to allow the operation necessary for its removal. Although no large vessel was wounded, still, there was some hemorrhage, and symptoms of suffocation.

To check the hemorrhage we applied cold water, and gave half a drachm of ext. ergot. fl. every two hours. These measures were successful. One-fourth of a grain of morphine and eight grains of quinine were given three times a day. Dr. Abernethy writes that traumatic fever occurred on the third day, but subsided by the seventh, under the use of aconite and gelsemium. Hemorrhage ceased on the sixth, but the escape of air from the wound continued on the seventeenth, with a slight serous discharge. The respiration is not quite so laborious, 30 per minute, pulse normal, temperature one hundred and two degrees. On the night of the 8th the pulse suddenly fell to 40, with cold extremities, and syncope, but he rallied under the free use of stimulants. On the twelfth he expectorated large quantities of blood. We have now some hope of his ultimate recovery. I will inform you later how the case progresses.

Hiawassee, Ga. S. M. KIMSEY, M.D.

Reply to Dr. Schorford.

Editor MEDICAL WORLD:

In your August issue Dr. Schorford, referring to my article in the July number, states that I am "certainly mistaken," when I assert that "the general practitioner is rarely confronted with tapeworm cases." I still think I am correct, notwithstanding his seven cases; and I know *he* is very much mistaken, when he quotes me as having given 3¼ 3 of *chloroform;* for I would not think of giving such a dose, any more than I would of giving *two ounces* of *turpentine.* The dose given of chloroform was 3 ¾. He says, in referring to my article, "*He leaves the impression that this dose*" did so and so, "*but he probably meant to convey the idea*" so and so. Now when I wish to make impressions and convey ideas, I always do so in a few very plain words, and leave no place for guesswork. I meant simply to give the case and treatment, for the reason stated in the first two lines of said article.

Augusta, Ga. A. E. DUGAS, M. D.

Empyema Again.

Editor MEDICAL WORLD:

I believe I am fully competent to diagnose a case of simple empyema. At least I have had a sufficiently long experience. I did not say the "lung was nearly all gone" at the time. But I say now that the lung is nearly exhausted, between the discharge at the external opening and the expectoration—and I have great fears for the other lung also. It is a clear case of

tuberculosis, commencing at the lower front of the left lung, and first discharging externally. Doubtless there was also a collection of pus in the pleura before I made the opening.

I would like to relate how this case of tuberculosis was in my opinion superinduced. When a child along about six to ten years of age she slept at night with her grand-mother, who was afflicted with a very offensive and copious discharge from the vagina. The nature of the disease I know not, only I know that the odor was very offensive, and she was not very cleanly. This child took sick and when I was called to attend it, it was anemic, weak, indisposed to exertion and had loss of appetite; but I could find no organic disease or functional disturbance; in fact I could not name the disease it had. I treated it with tonics and nutrients but without success for a length of time. Finally I discovered the fact that it slept with its grandmother. I had this abandoned and the child got well at once. Now I believe the poison she imbibed from her grand-mother laid in her the foundation of consumption. What does Dr. J. T. Coveny say about it?

SAM'L KENEAGY, M. D.

For Eczema.

Editor MEDICAL WORLD:

Enclosed you will find thirty-five cents in postage stamps; for which please send me a Medical World binder.

I am well pleased with THE MEDICAL WORLD; like it better than any journal I know of. I wish I could get it once a week instead of once a month.

Allow me to contribute the following for eczema. I have never seen it fail:

℞	Zinci oxid	gr. xx
	Acid. carbolic.	ʒ jss
	Ung. hydrarg. nit	ʒ vj
	Cosmoline, (or adipis)	ʒ iij

M.—Ft. ung. S.—Apply morning and evening, after washing the parts with Packer's Tar Soap.

Manchaca, Tex. W. A. ELLISON, M. D.

Deltoid Cut by Harvester.

Editor MEDICAL WORLD:

On July 27th was called to see a patient in the country. Messenger said his "little sister was very sick." Thought it was only a case of bowel trouble and responded to call. I found a little girl six years of age, lying on a bed, her clothing soiled with blood. Examination and questions showed that she had fallen from a self binder, and the deltoid muscle, at the point of the shoulder had been completely severed by one of the knives. Hemorrhage had ceased. Had neither pocket case, chloroform, needles nor sponges with me; all of which I usually carry. I had a roll of Seabury & Johnson's adhesive plaster. I washed the edges of the wound, which were cleanly cut, and raised the arm bringing the edges of the wound together. I used two short strips and two long strips of plaster. The long strips were placed over the short ones, and reached from the interior and posterior surfaces of the trunk, crossing at the the point of incision. I then gently bound the arm to a pillow, leaving it at about a right angle with the body. Gave morph. sulph. gr. ⅙. Next day removed dressing, but did not disturb the arm. On the 29th I removed the dressing and found I had union by the first intention. Maintained the position four days, and continued the use of adhesive plasters. Iodoform was dusted over the surface after the plasters were applied. Corrosive sublimate was used in the wash, which was directed from a fountain syringe. Her position did much good.

Blue Hill, Neb. GEO. CHAFFEE, M. D.

I have closed down on all medical journals but THE WORLD. It has capital information for everyday work. B. T. GAHAN, M. D.

Penetanguisheus, Ont.

For Tape Worm.

℞	Bark of pomegranate root	ʒ ss
	Pumpkin seeds	ʒ ss
	Ethereal ext. male fern	ʒ j
	Powdered ergot	ʒ ss
	Powdered gum arabic	ʒ ij
	Croton oil	♏ ij

Thoroughly bruise the pomegranate bark and pumpkin seed, and with the ergot boil in eight ounces water for fifteen minutes; strain through a coarse cloth.

The croton oil must first be well rubbed up with the acacia and extract of male fern, and then formed into an emulsion with the decoction.

A dose of Rochelle salts is to be given the preceding night; not any breakfast to be taken the following morning, at 10 A. M. the mixture to be taken at one dose.

The worm is usually passed within two hours, alive, with the head firmly attached to the body at its widest part.

Innerkip, Ont. W. D. CLEMENT.

Dr. A. H. Wilson's Case.

Editor MEDICAL WORLD:

For the prolapsus place the patient in the knee-breast posture, breast flat on a hard bed (mattress), elevate the hips to the highest point. This removes all intestinal weight and pressure from the womb, and leaves it room for its natural position. Then open the vulva with your

fingers and let in atmospheric pressure (16 lbs. to the square inch is its force), and this with a slight push with your index finger will put the womb where it belongs. Hold the womb in place with a ball of soft, clean, lint cotton fully saturated with a solution of tannic acid and glycerine. Have the ball as large as can be inserted with cord attached so it can be withdrawn. Place it above the urethra so she can urinate without withdrawing it. Teach her to apply a fresh one every morning herself and you will soon succeed with a perfect cure. I have often tried it without a single failure. One case was of ten years' standing.

I seldom fail to cure leucorrhea, by using water as hot as can be borne (half gal. or more) once or twice a day, thrown against the os uteri with a fountain syringe; in connection with the following constitutional treatment.

℞ Flu ext. black haw.....ʒ ij
Tr. blue cohosh.....ʒ ij
Flu. ext. gentian comp .....ʒ j
Tr. iron mur } .....āā..ʒ ss
Flu. ext. ergot }
Water .....ʒ ij ɱ

Dose teaspoonful three times a day in water.

Fort Valley, Ga. J. H. CRAWFORD, M. D.

[Loosen the clothing before you place the patient in the position stated. We can indorse Dr. C.'s treatment as excellent.—ED.]

Dr. E. J. Yager, of Sandyville, Iowa, sends us an interesting little census of his town. Out of the 66 inhabitants, two are over 85, and 22 over 50. A good place to live long and be happy in.

Answers.

Editor MEDICAL WORLD:

A contributor in the September number asks for treatment for chronic pharyngeal catarrh. If he will look in the throat he will find somewhere, the red, puffy outgrowths on the mucous membrane known as hypertrophies. Touch these with a mixture of one part tincture of iodine, two parts phenol sodique, and three parts glycerine. This should be used every other day, and may be made stronger if well borne. The hypertrophies will not remain long.

Hydrastis, twenty drops of the tincture, to two ounces of warm salt water, makes the best gargle, to be used as an adjuvant.

The pharynx should be kept clean, by the use of the hydrastis lotion, with a post-nasal syringe. Chronic affections require chronic treatment.

Dr Stirling asks why calomel salivates. It is because mercurials are eliminated in the saliva, and reappearing in the mouth in soluble forms, they set up catarrhal stomatitis by their local action. This induces an increased flow of saliva, in accordance with the law by which any irritation at the mouth of a duct, excites the gland to which the duct is an outlet, to increase of functional activity.

Dr. Miller will never succeed in treating gravel unless he distinguishes between the various forms.

In red, or uric acid gravel, he will find alkalies beneficial, with attention to the digestive organs. Vichy salt is a good remedy.

In phosphatic lithiasis he will do well to give nitric acid after meals, and some nerve tonic, like syrup of the hypophosphites.

For torpid liver he can give this:

℞ Sodæ sulphat .....ʒ iij
Sodæ bicarb.....ʒ j
Ol. limonis.....gtt. xx
Pulv. sacch. alb.....lb. j

M. S.—A tablespoonful in a glass of cold water acidulated with vinegar or lemon-juice, to be taken before breakfast.

Torpid livers need more work, less meat and alcohol, a diet of fruit, and abstinence from coffee, more than they need medicine. Dr. Putnam's questions are of great interest, but I cannot answer them readily, as I would have to go over my books and cudgel my memory to obtain the facts. Taking the present year, I have attended twenty-two cases, and used the forceps in six.

I used them twice to save the life of the child; four times to spare the mother unnecessary pain.

To the third question I answer, yes, often.

Fourth, no.

To the additional queries from Dr. Houpt, I answer:

Sixth, not always.

Seventh, I cannot tell. When does labor begin? with the first pain, or the first severe pain?

Eighth, about twenty-four years.

Ninth, none.

Tenth, no laceration or other injury to mother.

Eleventh, one child still-born; prolapse of the cord. One has a slight mark on the temple, barely perceptible.

Twelfth, Wallace's pattern preferred. *They never slip.* I nearly always remove them when the head has been brought down to the perineum. Very rarely, I deliver the head with the blades on; but these forceps are exceedingly apt to tear the perineum unless well watched.

To Dr. Wilson I will say that as leucorrhœa is a symptom of nearly all the diseases of the female genital organs, it is not likely he will find one remedy to cure all cases.

The best general remedy is tannin, made into

Carl L. Jensen

Sole Originator of

Pepsin in Scales

OR

"Crystal" Pepsin

2039 Green St.
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Special Notice to Physicians.

Physicians desirous of obtaining the genuine article, when prescribing Scale Pepsin or "Cryst." Pepsin, will not alone lend their aid and encouragement to the inventor, but will benefit themselves and patients as well by simply prescribing this Pepsin thus: "**Jensen's** Pepsin," drawing a heavy line under the name "**Jensen.**"

The profession generally takes it for granted that druggists are well aware that the physicians never intended to prescribe the imitations of preparations of established merits, which are brought to light solely through the knowledge and technicalities of the inventor or originator, acquired by protracted study and experiments. Imitations have never yet been known to supersede the article imitated, but furnish most convincing testimony to the worth of the article counterfeited. I am continually improving this valuable preparation. Besides its enormous digestive strength, it possesses a keeping quality not before found in any Pepsin preparation, owing to its being of a brittle, scaly texture, reduced to the shape of small granular fragments, it is perfectly soluble and pulverizes easily. It contains no foreign matter like preparations of other make, as Pepsin Manufacturers, heretofore, could not accomplish this without adding large quantities of either starch or sugar of milk.

Physicians who have not yet tried this preparation, or who have been imposed upon, will meet with gratifying results by simply prescribing this Pepsin, thus: "**Jensen's** Pepsin," as it will prevent substitutions.

Samples promptly forwarded, post paid.

Faithfully,
CARL L. JENSEN,
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This concentrated animal ferment, prepared by a new process, possesses superior digestive power, is unalterable, and guaranteed free from sugar of milk, salt, acids, or other adulterants.

One grain will dissolve 1200 to 1500 grains of coagulated egg albumen.

FOR SACCHARATED PEPSIN, U. S. P., 1880.
Powdered Crust Pepsin, 1 part. Powdered Sugar of Milk, 19 parts.

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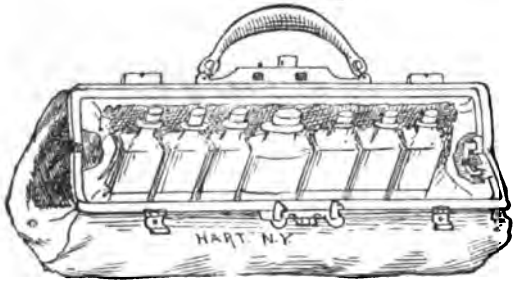

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158 EAST 26th STREET, NEW YORK.

DR. LIEBREICH'S LANOLINE;
A NEW BASE FOR OINTMENTS AND SALVES.

U. S. Patent, No. 271,192. Dated, January 23d, 1883.

Beware of a crude woolfat of bad odor and of a dark color sold as Lanolin, and under similar names.

LUTZ & MOVIUS, Sole Agents,
15 Warren St., NEW YORK.

Dr. KNORR'S ANTIPYRINE,
The New Febrifuge.

URETHAN,
The New Hypnotic.

—SEND FOR CIRCULAR.—

an ointment with lard, and applied on cotton balls.

Cider vinegar, one part to four of water is a good, old-fashioned injection.

Vicarious menstruation should be fore-stalled by giving pills of aloes and myrrh a few days before the time for menstruation.

To Dr. Foskett, I wish to say, wear well-fitted shoes, and glue a little piece of an old kid glove to each corn, renewing the kid when it falls off, until the corn is well. This was taught me by an old French dancing master, and it has never failed me.

Is the appetite a safe guide? No.

Dr. Dowden's case is one of peri typhlitis. The treatment should be, opium by the mouth, and rectal injections of hot water, very large, and repeated three times a day; with leeches or poultices externally. The food should consist of fluids. MIKE ROBY.

Greenville, Pa.

Editor MEDICAL WORLD:

In answer to Dr. Wm. C. Derby's inquiry in September's WORLD, in case of rectal disease I would say, observe the editorial comments first, which were, to make an examination per rectum with finger and speculæ. If the discharge of "mucus tinged with blood" comes from the *rectum*, observe carefully if the *blood* comes from a capillary hemorrhoid or from a *fissure* of the anus, and if the blood and catarrhal mucus are thoroughly mingled, or if the mucus is in a mass and "tinged with blood."

The discharge of blood from the rectum may mean much or but very little. In such cases attended with but little pain, eating well, yet failing in strength and general physical and mental tone, there is good ground to expect *rectal* or intestinal cancer. If on examination you find bleeding piles, or anal fissure, the treatment is curative. In cancer, or even chronic catarrh, the treatment may be palliative at best, but well worth the effort. The treatment in cancer and simple catarrh is wholly different. Try to make a correct diagnosis and if we can assist you any as to treatment will be pleased to do so.

Chicago. E. H. DASLAND, M. D.

THE MEDICAL WORLD is the most useful and practical journal which is published, and I do not like to miss a number.

Hamilton, Ont. D. DAY SMITH, M. D.

I am well pleased with the Journal and would not do without the Official Formulæ of American Hospitals for *ten times the amount.*

Arcadia, La. W. E. LEE, M. D.

Fracture of Superior Maxilla.

Editor MEDICAL WORLD:

I would like to report a case in practice, which for its rarity might be of interest, it being a fracture of the superior maxillary bone, whereby the bones of the face were entirely separated from those of the cranium. The fracture commenced at the juncture of the nasal with the frontal bone, extended along the floor of each orbit to the outer angle, then to a point slightly above the center of each ear. The nasal bones were fractured, or you might say crushed, and driven down until they depressed the roof of the mouth; thus showing the blow must have been delivered from above downward, expending its force on the point farthest from attachment.

I had several physicians to see the case, none of whom claimed to have ever seen a similar one.

Your journal is full of interesting matter. I would feel it a loss to be deprived of it. Enclosed you will find the necessary amount to renew my subscription for the third year.

M. H. WEST, M. D.

Allegheny City Insane Asylum, Hoboken, Pa.

Corneal Opacity. Lycopus.

Editor MEDICAL WORLD:

I confess that I have a decided interest in the welfare of my pet team, and I come to THE WORLD for advice in their case. One of them has an opacity of the cornea (?) of the right eye, caused, I think, by eating too freely of German millet last winter. At that time I observed considerable inflammation of the organ, which I readily reduced by saline fomentations, after which the opacity slowly formed. I have used all the reputed washes, ointments, etc., known to us or the veterinarians, with negative results. In hopes of sympathy from some of the "brotherhood," I come to you for advice in the matter. Besides being a valuable animal, he is my wife's pet, which of course, adds to my solicitude in the case.

One word about lycopus Virg. It seems to me exceedingly unscientific and empirical to recommend a remedy for a disease. I am quite familiar with the bugle weed. I use it with perfect confidence of success in *certain cases* of hematuria, hemoptysis, diseases of the heart, typhoid fever, chronic constipation, dysentery, and in any other disease where its action is needed. If Dr. Coveny had given us the exact pathology of his cases of dysentery, and the therapeutics of lycopus, we would be able to account for his success with the drug.

Lycopus is a very certain sedative where the rapid pulse depends upon debility, and it will

manifest its curative power—no matter what name the doctor may give the disease—wherever that peculiarity is found. *No, sir.* Lycopus is not good for dysentery, but for *certain pathological conditions*, no matter what the disease may be. In evidence of this, I will state that we have had a very severe epidemic of dysentery here ever since last June. I have treated more than two hundred cases of it. I have been remarkably successful, and I have used only four ounces of fl. ext. of lycopus. Where it was indicated it acted like a charm; where it is not indicated (in the same disease), it will do harm.

Yes, Mr. Editor, let us have a "post graduate course," with THE WORLD for headquarters. Let us study the positive therapeutics of remedies, and give them when we need their action regardless of our neosology. Thus we shall find that simaruba, lycopus, colocynth, aloes, magnus sulph., etc., are not only useful in chronic constipation, but also in dysentery. R.

Quiz Column.

Questions are solicited for this Column. Communications not accompanied by the proper name and address of the writer (not necessarily for publication), will not be noticed.

A formula for Dr. Root's Elepizone is asked for.

The formula for Barker's Post Partum Pills is taken from the book published by the New York City Government.

Editor MEDICAL WORLD:

In your October number J. H. T. asks for the best remedy for Piles. The following is the best I have ever used in my practice, curing as many as four out of five cases.

℞ Oil of copaiba.....
Spirits of turpentine.....āā..℥ j

Mix. Sig.—One teaspoonful at 10 A. M. and at 3 P. M.

Indianapolis, Ind. W. H. THOMAS, M. D.

Why Use Ergot after Natural Labor?

Editor MEDICAL WORLD:

Enclosed please find our dollar. I want the WORLD another year, and as many years as I practice medicine.

I would like to ask those who give ergot after natural labor why they do so?

I do not give it.

Mechanicsburg, Ill. F. A. MCNEILL, M. D.

Coating of the Tongue.

Editor MEDICAL WORLD:

Of what is the coating on patients' tongues composed? Why does the color differ in different diseases? Where does the coating come from? MEDIC.

Deodorizing Petroleum.

Editor MEDICAL WORLD:

Would any of your numerous readers (chemists) be so kind as to give working formula for deodorizing petroleum without deteriorating its counter-irritant and other qualities?

Long Lake, Ill. SUBSCRIBER.

Editor MEDICAL WORLD:

Will you give the formula for Warner's Safe Cure? Not that I wish to use it in my practice, but to tell people what they are taking.

Innerkip, Ont. W. D. CLEMENT.

[Powdered saltpetre.....gr. ccxx
Liverwort.....℥ j
Water, q s.....
Alcohol.....f℥ ij
Glycerin.....f℥ jss
Ess. gaultheriæ.....gtt. xl

Infuse the liverwort with one pint of hot water for two hours, strain and filter. Dissolve the saltpetre in the liquid; when cold, add the alcohol, glycerine and essence of gaultheria, and make up the measure to one pint with water.]

Tertiary Syphilis.

Editor MEDICAL WORLD:

Can you give the best treatment for tertiary syphilis, contracted four years ago? This case suffers from severe syphilitic rheumatism, constant and severe headache and marked syphilitic affections of mouth and throat.

This patient has been under treatment for four years. Has been to the Hot Springs of Arkansas, without any marked benefit. He has taken the iodide potass and sarsaparilla treatment for two years; has tried biniodide hydrarg. The patient has never received permanent benefits from the preceding treatment, and is very despondent. He cannot take *corrosive sublimate* for it moves his bowels too much.

He has been under my care two weeks. I am giving him Syr. trifolium, but do not see any improvement in his case. What do you think of chloride of gold in tertiary syphilis?

Troy, N. Y. DR. C. A. HOLT.

What did you all do before THE WORLD Binder entered upon its brief (as yet) but brilliant career?

[See article on syphilis in another department. We have given gold repeated trials in various forms of syphilis, but without success. —ED.]

The Cold Bath in Malaria.

Editor MEDICAL WORLD:

Is the cold bath justifiable as an antipyretic remedy in the various forms of pernicious fever? It seems to me to be contraindicated, in view of the existing congestion; though it has been used by some physicians in this section. I would be glad to hear from some of your contributors living in malarial regions.

Rich Square, N. C. M. BALTON, M. D.

[If paralysis of the brain be threatened by hyperpyrexia in *any* form of febrile disease, we should not hesitate to use the cold bath. As a method of treating any ordinary form of malarial fever, we would look upon cold baths as unnecessary where quinine is used efficiently, and as insufficient without that drug.

But we don't live in the malarial belt, and hope that those who do will answer your query. —ED.]

The Gorgeous East.

Editor MEDICAL WORLD:

I enclose $1.00 for THE MEDICAL WORLD. I would not be without it for twice the amount. Please answer the following questions through THE WORLD, or by letter, or advise me where to ask the question. In the September number attention is called to the need of M. D.'s in the East Indies. Can you give any advice to physicians going there? What would it probably cost? Is the practice of medicine regulated by law? Would it be advisable for phthisical patients to go there?

We are having an epidemic of typhoid fever in Van Buren. Chlorodyne seems to be a good preparation to use where there is much diarrhœa and hæmorrhage. G. C. UPHAM, M. D.

Van Buren, Maine.

[The climate is beneficial to consumptives. The other questions are answered at length in Col. Butler's letter.—ED.]

Opium in Post Partum Hemorrhage.

Editor MEDICAL WORLD:

In THE "WORLD" for October, page 336, 15 minims of Magendie's solution of morphia is recommended as an hypodermic injection in case of post partum hemorrhage. I think this is bad teaching. Would you risk that dose? And why if opium and its preparations are recommended, and used as parturients from their known power of relaxing muscular spasms or rigidity, can they be recommended immediately after delivery for the opposite condition?

Heron Lake, Mich. C. R. J. KELLAN.

[I saw the recommendation to give a teaspoonful of laudanum in such cases years ago; I have forgotten where. The writer did not pretend to explain the *modus operandi* of the remedy, but said that if the amount were given in divided doses it would not do good, but much harm. Yet the explanation does not seem difficult. In some cases hemorrhage is due to the intermittent contractions of the uterus, which will neither stop the hemorrhage by permanent contraction, nor keep quiet and allow a clot to form firm enough to accomplish the same purpose.

In this emergency ergot is but a broken reed, and will exhaust the tonicity of the uterine muscles without producing steady contraction. The full dose of opium accomplishes the second result; it quiets the irritated organ and allows a clot to form. I would like to know if any of my friends have not, like myself, had cases where they were glad to let such a clot alone? Of course, the rule is, turn out the clot, and produce firm contraction. But suppose you have done so, repeatedly, and the womb fills up as fast as you empty it; if ice has only temporary effect, but at last a clot has formed, bleeding ceased, the womb is not enlarging, and no sign of continued internal hemorrhage is evident. Would you continue "turning out the clot," or would you let it alone? ED.]

Editor MEDICAL WORLD:

Can you give the formula for "Himrod's Asthma Cure," or inform me where it may be found? Very truly,

G. M. FOSKETT, M. D.

[Pulv. lobeliæ.....
" stramonii fol.....
" potas. nitrat.....
" theæ nigr.....ãã.. ʒ ij
Mix thoroughly and sift.]

Paresis of Pregnancy.

Editor MEDICAL WORLD:

I have a lady friend, who during the pregnant state, complains of a disagreeable symptom, for which I cannot account; so I write to ask your opinion.

The lady has always enjoyed fine health, is the mother of eight children, about 38 years of age, and weighs 170 pounds.

For the last three pregnancies, beginning about the third month, she complains of a numbness in the right fore-arm and hand, sometimes extending up to the shoulder joint. This condition prevails more constantly at night. She is often compelled to get up and institute a process of rubbing, for some time, before she is sufficiently relieved to sleep again. By keeping the arm semiflexed over the head, the symptom

is not so disagreeable. The left arm has never been affected.

The trouble continues until confinement, when it subsides and does not return until about the third month of the next pregnancy.

Her digestive organs are in perfect order, in fact her general health is as good as can be.

I have treated the case very little, nor has anything I have done given more than temporary relief.

Summerfield, La. W. S.

Athlophorus.

℞ Morphinæ sulph..... gr. ij
Ext. colchic. sem. fl.
Ext. guaiaci res. fl.....āā.....f℥ j
Potas. acetat.
Potas. salicylat.....āā..... ℥ j
Alcohol dilut.....f℥ ss
Syr. scillæ.....f℥ vj

Mix with the aid of gentle heat.

The syrup of squills should be made by digesting for eighteen hours, 180 grains of squill in hot water sufficient to make three fluid ounces of infusion. In this dissolve eight troy ounces of glucose by gentle heat.

Retention of Urine.

Editor MEDICAL WORLD:

August 4th, 1886, Mr. D., age 67, came into my office to have his urine drawn off. He had been using a catheter, and one year ago made a false passage, which was so very bad now that I could not reach the bladder, after using every exertion, from 11 A. M. Aug. 4th to 7 A. M. Aug. 5th. The man suffered intensely from distension, which could be felt up to the umbilicus and pressing firmly upon the rectum. I determined to puncture through the rectum, which gave instant relief, but was followed by diarrhœa and pyelitis which lasted two weeks. Failing to get a catheter through the urethra, the prostate gland being as large as a child's head, I am compelled to keep the canula in place, therefore have one made so as to lock it in the bladder, to which a rubber tube is attached which conveys the urine down the boot leg, and produces but little inconvenience in going about. His health and appetite is good but he cannot pass the water through the penis.

Please comment upon this and inform me what to do.

Blunt, Dakota. NATHAN W. ABELL, M. D.

FORMULÆ.

The following is an excellent formula for habitual constipation:

Fl. ext. cascaræ sagradæ..... ℈ j
Syrup simpl. et aquæ..... āā....℥ j

Three or four teaspoonfuls daily.

Nitro-glycerin Solution.

℞ Nitro-glycerin.....gr. jss
Etheris, q. s. ad. solv.
M. et adde.
Cacao pulv..... ℥ ij
Acaciæ pulv..... ℥ j
Misc. bene, div. in trochisc. No. cc. Each contains gr. $\frac{1}{113}$ of the drug.

For Hysteria.

℞ Ext. valerian fl..... f℥ j
Ext. sumbul. fl..... f℥ ss
Tr. castorei ..... f℥ vj
Sp. ether chloric.....
Syr. aurant. carb.....āā.. f℥ iij
M. S.—Dose, one teaspoonful frequently repeated.

—A. B. Arnold.

SPECIAL NOTICES.

Among the novelties that specially captivated us at the meeting last summer at Williamsport, were the Crystallized Liniment Cones exhibited by John Wyeth & Bro. They are put up like menthol pencils, and consists of a rubefacient and anodyne compound.

Lightly rubbed on the skin it produces a cooling sensation: a little more causes the burning of a sinapism, and opens the pores to the ingress of the anodyne.

In a word, it is a complete liniment, in the solid form, which can be carried in the vest pocket.

Do you know how our patients appreciate these little niceties in our practice?

Those restless people at Wm. R. Warner & Co's will evidently not be satisfied until every physician in the country has a stock of their parvules on hand.

The trouble they take to do people a favor is marvelous.

One would think physicians would be quick to avail themselves of every advantage in the race for life.

We suppose the great majority have already decided not to let the high potency people have all the credit of giving pleasant doses to children, but while some are born wise, some achieve wisdom, and some have wisdom beaten into them.

It's Not Worth While.

The earliest records of Egyptian history tell us of a monarch whose proudest boast was that he was a skilled physician.

The researches of Ebers have thrown much light on the position occupied by the medical profession under the greatest of the Pharaohs. The physicians were part of the priestly hierarchy.

The practice was divided among the various specialties, much as it is at present in the large cities. In fact, specialism has but recently begun to approach the perfection to which it was then carried. One important point in which we have not as yet equaled our dusky predecessors of forty odd centuries ago, is in the perfect on of their systems of treatment. Rules were prescribed by law for the treatment of every form of disease; and these rules were imperative. Should the physician presume to depart from these written precepts, he incurred a fearful risk; for his patient's death insured his own.

How easy seems this system—almost as easy as homœopathy! Compare it to our own, where the greater part of the work done by every physician consists in trying experiments which have already been demonstrated by others, perhaps thousands of times.

(*Continued over Next Leaf.*)

PARVULES.

This is a coined word, meaning small doses in globular form for frequent repetition. It is claimed in its behalf that it is the only perfect dosimetric system of administering medicines. It enables the physician to regulate with certainty the action of the drug, the rule being to give one Parvule every hour; or two every two hours, etc. Any age can be suited. This does not compromise allopathy because reference to the list of this class of remedies prepared only by Wm. R. Warner & Co, of Philadelphia, will show that in nearly all cases 24 Parvules a day or the average of one per hour would be full dosage. For instance, 1-50 gr. Morphia in each would be half a grain a day. In cases with Calomel it is a recognized fact that small doses produce wonderful effects. One or two Calomel Parvules taken every hour for six doses have marvelous effect. The Parvules of Aloin in certain cases, periodically taken, produce great effect and comfort. A logical explanation of the exact action of minimum doses is an impossibility in the present state of Physiological investigation. Bartholow says that the thereapeutical action is the physiological antagonist of the diseased action. The only certain principle of action, however, is found in actual experience. Drs. Peter, of Paris, Ringer, Bartholomew, Dessau, and others, equally well known in the literary arena, have cited numerous cases of almost every variety of disease wherein they brought about a desired result by the adoption of minimum doses when all other plans of treatment had failed. The Parvules are elegant in form and certain in action. Their mode of preparation, together with their action upon secreting surfaces, prevent cumulative effects.—*American Analyst.*

TO PHYSICIANS ONLY.

WM. R. WARNER & CO.'S SOLUBLE COATED PILLS.

WM. R. WARNER & Co.'s experience of quarter century affords perfection and excel'ence in Pill making. These pills have stood the test of time and are kept by all leading druggists. The following special formulæ are worthy of attention:

Pil. Permanganate of Potash.

(EACH CONTAINING TWO GRAINS.) (WARNER & CO.'S.)

The Medical Profession have recently had their attention called to the successful use of Permanganate of Potash as an emmenagogue, and we have so far succeeded as to present it in pill form without decomposition, as will be seen by the development of a dark red colored solution when the pill is first dissolved in water. In this way an advantage over all other methods of administering Permanganate of Potash is gained.

(WARNER & CO.'S.)

Pil. Antidyspeptic.

Containing

Pulv. Ipecac	⅔ gr.
Pulv. Piper Nig.	1½ gr.
Strychnine	1-20 gr.
Ext. Gentian.	1 gr.

The above combination is one of Dr. Fothergill's recipes for indigestion, and has been found very serviceable. In some forms of dyspepsia it may be necessary to give a few doses, say one pill three times a day, of Warner's Pil. Anti-constipation.

(WARNER & CO.'S.)

Pil. Lady Webster.

Lady Webster Dinner Pills. This is an excellent combination, officinally designated as Aloes and Mastich, U. S. P. We take very great pleasure in asking physicians to prescribe them more liberally, as they are very excellent as an aperient for persons of full habit or gouty tendency when given in doses of one pill after dinner.

(WARNER & CO.'S.)

Pil. Ferri Iodide.

(ONE GRAIN IN EACH.)

The dose of Iodide Iron Pills is from ONE to TWO at meal-times, is recommended and successfully used in the treatment of

Pulmonary Phthisis or Consumption.	Anæmia and Chlorosis.
Caries and Scrofulous Abscesses.	Loss of Appetite, Dyspepsia, etc.

In cases where Iodide of Iron is prescribed, it is absolutely necessary for the physician who relies on the therapeutic action for beneficial results, that the compound should be perfectly protected, and so prepared as to remain inalterable.

With this important fact in view, we have devoted special study to Iodide of Iron in pilular form, and are warranted in announcing that WARNER & CO.'S IODIDE OF IRON PILLS meet all requirements, being the most perfect preparation of the kind.

WM. R. WARNER & CO.,

Sept. 1886. **Manufacturing Chemists,**

PHILADELPHIA. NEW YORK. LONDON.

Could we but each begin where the last ended, we could hope for some real progress, instead of the endless treadmill of constant repetition.

Are there not some experiments which it is really not worth while to make? It appears so to me.

For instance it occurs to me that

It's not worth while:

To let our patients writhe in agony while we send to rouse a sleepy druggist, because we haven't provided ourselves with one of Parke, Davis & Co.'s (1) cases of hypodermic tablets:

To let people whose stomachs won't bear iron remain anemic when Colden's Liquid Beef Tonic (2) can be had:

To neglect giving Emerson's Albumenoid Food (3) to persons who have become exhausted by hemorrhages:

To go to Kamtschatka for new drugs when we don't half know the virtues of our own:

To try every new emulsion when Scott's (4) has stood the test of so many years:

To monkey with the buzz saw:

To let an obstinate catarrh of the stomach floor you when you haven't even tried Erythroxyline: (5)

To try to get along without the approbation of the world:

To try to cure gleet without (6) Mitchell's Soluble bougies:

To try to save money if you haven't any to save:

To waste ten times as much ether as you use, because you don't send to Snowden (7) for a polyclinic ether bottle:

To practise medicine in modern style without medical journals:

To give people narcotics when a cup of boiling water with a teaspoonful of beef peptonoids (8) in it would give them sounder sleep and a clear head next morning:

To go more than a month without a visit from the cheery, lively, WORLD:

To treat an apparently causeless case of impotence in a fat man of forty, without using Gregory's (9) test for diabetes on his urine:

To tell your patients anything but the solid truth:

To muss your satchel up with a greasy liniment when you can get one of Wyeth's (10) Crystallized Liniment Cones which can't spill and lasts forever:

To put off getting in your winter coal till the pool ring is broken:

To try to find more reliable preparations of native drugs than those of B. Keith & Co.: (11)

To give cinchonidia when P. & W. quinine can be bought at sixty cents an ounce:

To spend money for prescription blanks when you can get them for nothing by sending to Wm. R. Warner & Co.: (12)

To get up any more new medical journals:

To look for any better pepsin than Jensen's Crystal: (13)

To speak ill of your neighbor even though he deserves it, and has slandered you:

To try any remedy for vomiting except Ingluvin, as that helps every case: (14)

To give children nasty doses:

To be tired when Llewellyn's Tonic Coca Wine (15) is within your reach—as it should be:

To hurt people more than is necessary. A gentle touch wins eternal gratitude from a sufferer:

To look for an apter formulæ than that of Dr. Hayden's: (16)

To tell consumptives that their cases are hopeless:

To remain in ignorance of the powerful restorative qualities of Bovinine, in consumption and wasting diseases: (17)

To litter up our table with letters written in pencil on water-closet paper:

To neglect ordering Murdock's Liquid Food (18) for debility after confinement:

To brag; especially in THE WORLD:

To go to bed hungry:

To look for better surgical appliances than Seabury & Johnson's (19) for they can't be found:

To wait for a case of placenta praevia before getting one of Dr. Hart's (20) new dilators, the kind that won't slip. You will appreciate them when you next have a rigid os to bother you:

To think of any other food for diabetics when you can reach Wells & Richardson's Lactated Food: (21)

To kill yourself with work:

To lie to the other fellow about your being so busy:—Remember he is something of a liar himself:

To wait for your pleasure for some future time:

To wait for a leisure time to get acquainted with your children, who, meanwhile, are growing up into savages for want of your paternal eyesight:

To get drunk:

When a man tells you of something he has gotten up for your benefit, and offers you a sample free of charge, what can be fairer? If he doesn't feel sure his article is all he claims for it, he is very unwise, to say the least. And if you don't embrace his offer *you* are unwise:

You don't know until you try it, how many good things are being constantly placed upon the market; how many bright ideas are being worked up.

Don't forget THE WORLD when you write. Llewellyn told us lately that out of eight letters received in one day, three mentioned THE WORLD and the others did not give the name of the journal, through which the writers heard of his wine. *We* know that our journal goes to an intelligent and enterprising class of physicians; men whose talents are appreciated so well by their patients, that they don't allow the doctors time to wade through mile-long articles in search of the inch of information.

But the advertisers don't often read the original communications, and the only way for them to find out that our subscribers are just the people they want to reach, is for you to mention THE WORLD in your correspondence with the advertisers.

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(21.) Wells & Richardson, Burlington, Vt.

"Courtin," says Artemus Ward, "is like strawberries and cream—wants to be did slow, then you get the flavor."

THE MEDICAL WORLD.

The knowledge that a man can use is the only real knowledge; the only knowledge that has life and growth in it and converts itself into practical power. The rest hangs like dust about the brain, or dries like raindrops off the stones.—FROUDE.

The Medical World.

Subscription to any part of the United States and Canada, ONE DOLLAR per year. To England and the British Colonies FIVE SHILLINGS per year. Postage free.
These rates must be paid *invariably in advance.*

Notice is given on the wrapper when your subscription expires. You are invited to renew promptly, when this notice is given. This is necessary if you wish to continue to receive THE WORLD, as it is sent only as long as paid for.

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C. F. TAYLOR, M. D., EDITOR AND PUBLISHER.
W. F. WAUGH, A. M., M. D.,
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PHILADELPHIA, PA.

VOL. IV DECEMBER, 1886. NO. 12.

History of New Remedies.

In these days when the great drug houses rival each other in their eagerness to present novelties to the profession, it is instructive to read Dr. Schweig's observations upon the history of such drugs. There is a wonderful sameness about the rise, progress, culmination, decay, and ultimate fall into oblivion of these ephemeral products.

At first all the reports are favorable; then some sturdy doubter records a failure; this is surely followed by more; without the stimulus of faith the drug falls to its true level, and is fortunate if the exalted hopes raised by its first exaggerated claims are not followed by a contempt which disregards its real worth.

This is well illustrated by the history of cundurango. Introduced as a cure for cancer, and skillfully advertised, it sold for one hundred dollars a pound, faster than it could be imported. In a short time the bottom dropped out of the delusion, and the drug passed completely out of sight.

Lately, however, the German physicians, who take their time about most things, and are not in a hurry to speak until they have something worth saying, have concluded that while cundurango is not a cure for cancer, it has some value in gastric catarrh.

How much better would it be were we to give each new drug a fair and impartial trial at first, and then hold fast to what is certainly good.

To give real value to practical observations certain conditions must be fulfilled.

In the first place a correct diagnosis should be made out.

Second, a fair understanding should be had, of the course of the disease when not influenced by treatment.

Third, we should determine in what way medicines can benefit the condition.

In addition, we should approach the question in that judicial spirit which made Darwin' reasoning so convincing, with the desire to find out simply the truth, and not endeavor to prove or disprove anything.

Would not such investigations be worthy additions to the work which has interested our "BROTHERHOOD" during the past year.

One more caution occurs to us—in trying a new drug it should be given alone, and the patient should not know the effects anticipated, or we may be misled by the effects of imagination.

Many subscriptions expire with this number. Notice will be found on the wrapper. It may be well to gently remind our friends that it is our *positive* rule to discontinue the journal when subscription is allowed to expire. We find that this enables us to produce a much better journal than could otherwise be produced, for those who are willing to pay for it. We also find that strict business principles make the most permanent and best friends. So if you do not get the January number it will be because you have failed to renew. Although many letters received daily show our readers to be enthusiastic and devoted to THE WORLD, we contemplate several improvements in the coming year, which will increase its value to the profession.

Summary for 1886.

During the year we have published an average of 36 pages to each number, or 430 pages. In these have appeared 2346 articles, of which 686 were upon medical subjects, 106 on surgical, 176 on obstetrical, 208 on miscellaneous matters, 827 prescriptions, 157 letters in the Quiz Column, and 153 nostrums' analyses. Our subscribers have furnished us with 388 original communications, besides those in the Quiz Column.

There has been a free and frank discussion in our columns of a number of the subjects which practical working physicians considered most interesting. The views and experience of practitioners have been given upon the treatment of gonorrhœa, the oxygen treatment, typhoid fever, the post-partum bandage, treatment of tape worm, the opium habit, pneumonia, diphtheria, prairie itch, delivery of the placenta, empyema, prescribing fornication, determination of sex, mistakes in practice, seminal emissions, the umbilical cord, ergot in midwifery, the mental sequelæ of typhoid fever, etc., etc., etc.

The marked success which has attended this department is due to the fact, that genuine hard-working doctors all over the country have here had an opportunity to discuss the things which really interest them; the things they need to know and to do in their daily practice.

How *can* a journal so managed be anything but practical? If you don't feel any interest in these subjects, write and tell us just what does interest you; and we will print your letter and see if others take an interest in the same subject.

We feel proud of our contributors. We doubt if any other journal can show as intelligent, well-informed and enterprising a circle as our own. Assistance is frankly asked, and freely given; criticism is made in a courteous manner, yet with perfect freedom, and received in the same spirit as it is given; so that the old and trite saying about "doctors disagreeing" does not hold good here. Mistakes are detailed for the edification of others; and the "brotherhood" are not afraid to acknowledge that they can learn from each other.

In the Quiz Column we try to supply to the country practitioner the place of the medical society; except that here he meets no professional rivals, but only friends. Let him state his difficulty, and from Maine to Texas he hears friendly responses.

In the Formulæ we endeavor to concentrate the results of experience from every quarter.

The Index of Diseases will continue as heretofore, a mine from which one may dig gems a long time without exhausting it.

The Class Room Notes we are enlarging so as to gather in the "good things" as they are uttered at the Polyclinic, the Woman's College, the University and the Medico-Chirurgical College, as well as at the Jefferson.

We can't afford space for society proceedings, which are generally skipped by the judicious reader, but whenever anything of value is developed in such meetings, it is sure to be found in our columns.

For the Current Medical Thought, we scour the fields of medical literature to procure for you the results of men's labor in every land. We try to select the useful always; and to make it useful to you. We look with jealousy on the new remedies, and are not too quick to urge their use instead of old and tried weapons. When we do recommend a new thing we try to make our information of use, by letting you know where to get the drug, and what the cost will be.

And while we try to concentrate in our columns the greatest amount of useful knowledge, we must edge in a little fun sometimes. We know when our reader comes in from a long, tiresome day, he wants to get his boots off and his easy slippers up before the fire, and then settle down for an hour with THE WORLD before going to bed. Then a good hearty laugh will clear the fatigue from his brain and help him to digest the solid nutriment.

And now, gentlemen, is not this your idea of a really practical and useful journal? If you will suggest any improvements, we will gladly consider them; and if in doubt, will submit to a vote of the "brotherhood."

* * * * * * * *

We still have a number of complete sets for 1886. In addition to the above enumerated contents, the following may be mentioned: The January number contains Dr. Louis Lewis' "Index of Hypodermic Treatment," thought by many to be alone worth the subscription price. The March number contains "The Tongue in Disease," by the same master of condensed tabular arrangement. In the same number his very useful "Index of Diseases" begins. The Jan., Feb., Mar., Apr., May and June numbers contain many patent medicine formulæ, reprinted by request.

Send early if you want the complete set for 1886. Price $1. Many send $2 for the two years, 1886 and 1887. And many add another dollar for three binders. (See adv. of binder.) An order-blank will be found in the advertising pages, which will facilitate ordering.

Announcement.

While we have endeavored in every way to produce a useful journal, our staff has not been satisfied to limit its efforts to this work alone. Our advertising pages will show the preface and a sample page of a book which has long been in contemplation, and is now, at last, in press. Our fervent hope is that it will be found *useful* to the profession. All practitioners have not an extensive library of the latest editions of the standard works, and those who have, cannot spare the time for a careful examination and sifting of contents, whenever occasion arises for extensive references. So this book, "Manual of Treatment," will be found to meet the requirements of all. It is many books in one, as far as treatment is concerned.

The announcement of a new chart by Dr. Louis Lewis, one on skin diseases, will be gladly received by the profession. More than two years ago a chart on this subject, arranged somewhat on the plan of the one on "The Urine in Disease," was requested by several of our readers; but we then thought it impossible to devise a comprehensive and faultless arrangement of this difficult subject. But during the past summer the genius of Dr. Lewis solved the problem, and now he has the chart nearly completed. The diseases are taken alphabetically, the description, varieties, situation, general and local treatment and *colored plate* of each are given, presenting the entire subject at a glance. Dr. Lewis has a happy faculty of making difficult subjects easy. The chart will be ready for delivery about the first of January. Orders may be sent now, with renewals, etc. For price, etc., see adv. pages.

The Yearly Index, printed separately, will be sent free to all who obtain volume for 1886.

INDEX OF DISEASES.

In this index the diseases are taken alphabetically, and prescriptions embodying the latest and best treatment for each disease are given. The index will be continued from month to month until the catalogue of diseases is exhausted. Began in March number.—L. L.]

Dipsomania.

CHRONIC ALCOHOLISM.

(primis). Abstention from stimulating liquors.

Aloes pulv.....
Ext. fel. bovis exsicc.....ää.. gr. xv
Resinæ podophylli..... gr. ij
M.—Divide into four pills. One every night.

Zinci oxidi..... gr. iij
Ext. hyoscyami q. s. for one pill to be taken twice

℞ Elaterii.....gr. ij
Ext. gentianæ.....gr. xx
M. S.—Divide into four pills. One every hour until free purgation.

℞ Pulv. jalapæ co.....gr. xxv
Potass. bitartratis..... gr. x
Ol. carui.....♏ ij
Aq.....ʒ jss
M. S.—For one draught, to be repeated if required.

Ol. juniperis ♏ v to ♏ x, on sugar, in scarlatina dropsy.

Calomel, in small doses hourly, as a diuretic.

Ferri redacti troch. gr. v, taken at meals, in anemic dropsy.

Ext. jaborandi fl. ʒ j doses three or four times daily.

Ung. hydrarg., ung. belladonna, partes equales, applied over abdomen.

Dysentery.

Pulv. aluminis ʒ j to O j of water, twice daily, as an enema.

Vin. ipecacuanhæ, ♏ j, every hour, in water, for dysenteric diarrhœa of children.

Pulv. ipecacuanhæ, ʒ j for a dose, at bedtime, to be repeated next night, if necessary; or the fluid extract, ʒ ss.

℞ Pulv. ipecacuanhæ.....ʒ j
Glycerinæ.....ʒ j
Aq.....ad. ʒ ij
M. S.—As an enema.

℞ Pulv. ipecac. co.....
Hydrarg. c. cretæ.....ää.....gr. v
M. S.—Twice daily.

℞ Hydrarg. perchloridi.....gr. j
Ammonii chloridi.....gr. j
Tinct. hamamelis..... ʒ jss
Aq. dest.....O j
M. S.—One teaspoonful every hour, when there is much sanious discharge.

Leeches to the sphincter.

Cupri sulphatis, ϑ j in a pint of water, as an enema, in diarrhœa attending chronic dysentery.

Bismuthi subnitratis, ʒ ss or more, in mucilage, as an enema.

Tinct. ferri perchloridi, ♏ xx, well diluted, in chronic dysentery.

℞ Tinct. iodi.....ʒ jss
Tinct. cinchonæ.....ʒ ij
M. S.—One teaspoonful in a wineglassful of water thrice daily, in dysenteric diarrhœa with much tenesmus.

"Charcoal," ʒ j in milk, as an intestinal antiseptic.

Cupri sulphatis, gr. j in pill, four times daily.

Pil. plumbi c. opii, gr. ij, ter die.

℞ Magnes. sulphat.....ʒ vj
Acid. sulph. arom.....ʒ ij
Aq. dest.....ʒ viij
M. S—One-sixth part every four hours; and pulv. ipecac. co., gr. viij, at bedtime.

Pulv. ipecacuanhæ gr. iij every three hours, in chronic dysentery.

℞ Tinct. benzoin. co.....ʒ ss
Tinct. catechu co.....ʒ j
Tinct. opii.....♏ x
Ext. hæmatoxyli.....gr. x
Aq.....ad. ʒ j
M. S.—For one draught, to be repeated pro re nata.

℞ Argenti nitratis.....ʒ j
Aq.....℥ iij
M. S.—As an enema.

℞ Acidi carbolici.....♏ x
Syr. rhei arom.....ʒ j
Ol. limonis.....
Ol. sassafras.....āā.....♏ v
M. S.—One teaspoonful every three hours.

℞ Pulv. ipecacuhanæ.....ʒ ss
Pulv. ergotæ.....gr. xv
Quiniæ sulphat.....gr. iv
Ol. theobromæ q. s. to make six suppositories
Sig.—One every two hours.

Zinci oxidi gr. v, ter die.

℞ Ol. terebinthinæ.....
Tinct. hamamelis.....āā..♏ v
M. S.—On sugar night and morning.

Turpentine stupes to abdomen.

℞ Pil. hydrarg.....gr. ij
Pulv. ipecac. radicis.....gr. ij
Opii.....gr. ¼
M. S.—Make one pill, to be repeated every four hours in very acute cases.

℞ Zinci bromidi.....gr. ij
Syr. aurantii.....
Aq. dest, ad.....āā..ʒ j
M. S.—Three times a day, gradually increasing the dose.

Tinct. digitalis ʒ iij every four hours, or tinct. digitalis ♏ xx, thrice daily in water.

Gr. ss morphia subcutaneously "pro re nata" to produce sleep.

℞ Sodii bromidi.....ʒ j
Tinct. aconiti.....♏ xvj
Tinct. digitalis ad.....ʒ ij
M. S.—Two teaspoonfuls every two hours until sleep ensues.

Camphoræ monobromidi gr. iv in capsule, every ur or two.

℞ Chloral hydrat.....gr. xx
Tinct. zingiberis.....ʒ j
Aq. dest, et syrupi ad.....ʒ j
M. S.—To produce sleep.

℞ Spiriti ætheris sulph. co.....ʒ j
Syr. cinchonæ.....ʒ j
M. S.—To be taken in place of liquor. Often an effectual substitute.

℞ Ammonii bromidi.....ʒ ss
Tinct. quassiæ.....ʒ ij
M.

℞ Potass. chlorat.....gr. x
Tinct. calumbæ.....ʒ j
M. S.—Thrice daily.

Pulv. ipecacuanha ʒ j every hour until eight doses have been taken.

℞ Liq. arsenicalis.....♏ xvj
Aq. cinnamomi.....ʒ ij
M. S.—One teaspoonful before each meal.

℞ Tr. capsici.....ʒ ij ss
Tr. ferri perchloridi.....ʒ ij ss
Aq. dest, ad.....ʒ ij
M. S.—One teaspoonful in a wineglassful of water when craving for liquor occurs.

℞ Magnes. sulph.....
Syr. limonis.....āā..ʒ ss
M. S.—In ʒ vj of "soda-water," to evacuate the stomach and intestines.

℞ "Lactopeptin,".....ʒ iij
Acid. hydrochlorici.....ʒ ss
Glycerinæ.....ʒ ss
Aq. flor. aurant.....ʒ iij
M. S.—One teaspoonful four times a day.

℞ Quininæ valerianatis.....gr. v
Ferri sulphatis.....gr. x
Spir. myristicæ.....ʒ ss
Aq. menth. pip.....ʒ iij
M. S.—A teaspoonful when a craving occurs.

℞ Ammoniæ carb.....ʒ j
Vinegar.....ʒ j
"A reviver from intoxication."

℞ Chlorat. hydrat.....ʒ jss
Potass. bromidi.....ʒ ij
Sp. ætheris sulph. co.....ʒ ij
Tr. valerianæ.....ʒ iij
Aq. dest, ad.....ʒ vj
M. S.—One tablespoonful every two or three hours, in commencing D. T.

℞ Zinci oxidi.....gr. iij
Ext. gentianæ, q. s. to make one pill...
Take four per diem.

℞ Acid. phosph. dil.....ʒ iss
Liq. strychniæ P. B.....ʒ ss
Inf. cinchonæ ad.....ʒ v
M. S.—Two tablespoonfuls thrice daily, before meals.

℞ Tinct. nucis vom.....♏ l xx
Liq. arsenicalis.....♏ l xx
Aq. dest, ad.....ʒ i
M. S.—One teaspoonful before meals.

Dropsy.

℞ Pulv. scillæ.....gr. jss
Pulv. digitalis.....gr. ss
Pil. hydrarg.....gr. ij
M. Make one pill, to be taken thrice daily.

℞ Potass. acetatis.....℈ j
Sp. ætheris nit.....ʒ ss
Decoct. scoparii.....ʒ jss
M. For a draught.

"Brown tea," to be drank freely.

℞ Elaterii.....gr. ¼
Pulv. scillæ.....
Pulv. digitalis.....ãã..gr. j
Ext. hyoscyami.....gr. jss
Make one pill, to be taken every second night.

℞ Liq. ammon. acetatis.....ʒ j
Acid. acetici dil.....ʒ ijss
Tinct. ferri perchlor.....ʒ ij
Aq. dest. ad.....ʒ viij
M. S.—Two teaspoonfuls thrice daily in renal dropsy, when chronic.

℞ Liq. arsenicalis.....ʒ j
Liq. ferri perchlor.....ʒ iss
Aq. ad.....ʒ ij
M. S.—One teaspoonful in water thrice daily, in anæmic dropsy.

℞ Ol. crotoni.....♏ ij
Micæ panis q. s.....
M. To divide into six pills. One every two or three hours.

Pulv. jalapæ co., ʒ ss, for one dose in anasarca, and dropsy of Bright's disease.

Pressure, acupuncture, or incisions into legs or abdomen, in cardiac dropsy and dropsy of Bright's disease.

Turkish or vapor baths, especially in renal dropsy.

"Cream of tartar," ʒ jss for a dose.

℞ Ext. scutellariæ fl.....ij ijss
Tinct. digitalis.....j
Tinct. hyoscyami.....ss
Potass. nitratis.....ʒ iij
M. S.—A teaspoonful every three hours.

Hot infusion of digitalis to abdomen or limbs.

Citrate of caffeine, gr. vj., useful in cardiac dropsy.

Resin, copaiba ℈j in mucilage and water, useful in hepatic and cardiac dropsy.

Ext. asclepiatis Syriacæ fl. ♏ x., ex aquæ, ter die.

excellent ointment for eczema and psoria-
si ontains two ounces of liquid tar ointment,
h an ounce of spermaceti ointment, six
d ams of citrine ointment, and half an ounce
o inc ointment.

e average duration of life among physi-
c s in Paris does not exceed fifteen years after
tl have obtained their degrees, which would
n anything over forty years an exceptional
p ssional existence.

The Current Medical Thought.

Treatment of Gall-Stone Colic.

The element of pain is in no way a factor in the expulsion of calculi during attacks of biliary colic; it cannot assist the expulsion (as the natural pains of labor do), and its relief by all the therapeutical means at our command is desirable, and frequently a matter of urgent necessity. The hypodermatic injection of morphia, internal administration of chloral hydrate, and inhalation of chloroform and ether, constitute our chief armamentaria for this purpose; and their employment for the relief of pain does not preclude the use of other remedies appropriate to the necessities of the case. Gall-stones are generally found in the small branches of the hepatic duct, so that relief is experienced during their onward passage into a larger vessel, though some pain usually returns as they reach the contracted orifice of the duodenum. Hepatic colic must not be confounded with renal colic; the diagnostic signs are unmistakable, in the former instance the patient is "doubled up" in bed and motionless, hugging his calculus as it were; in the latter case, he is restless, and walks about in an anxious agitated manner.

A paint containing one part of salicylic acid, one part of alcohol, two and a half parts of ether, and five parts of collodion, forms a capital application for warts.

"Thumb-sucking" in childhood, and violin-playing in early life, are prolific but unsuspected causes of chest deformity later on. The weight of the arm on the thorax of the child during sleep, produces depression of the yet immature ribs in the line occupied by the arm, when the thumb is in the mouth; and the pressure of the instrument on the first rib and clavicle of the youth who is forced to practice his violin too assiduously, produces a real deformity in that region. It is not without risk that one learns to "*play the fiddle like an angel!*" L. L.

Determination of Sex.

Rev. C. T. Wilson published in the "*Uganda and the Egyptian Soudan*," some interesting observations on the above subject.

The females are largely in excess of the males. This is partly due to the death of numerous Waganda males in battle, and partly to the number of female captives brought home by their victorious warriors.

He also found that while the number of males born from Waganda women was almost equal to the number of females; the first births to the

captive women numbered 403 females to 79 males. His theory to account for this, is that the temporarily superior parent produces the opposite sex. The men are exultant with victory, their veins filled by feasting and drinking, while the women are overcome with sorrow at the death of their friends and the loss of home, goods, and liberty.

He found that the ratio of male births in subsequent pregnancies of these captive women was 100 males to 137 females. Furthermore, he finds corroborating evidence for his theory in the fact that of the women captured in Central Africa by the slave-raiders, and brought down to the coast, those who are impregnated on the way usually produce female children.

In England, when a child is born under ten months after marriage, if there has been a *honeymoon*, it is generally a male which is produced; if there has been no honeymoon, it is a female.

[I think we can lay aside the above theory, as having nothing in its favor, but a semblance of consonance with the great laws of evolution, *i. e.*, the perpetuity of the race is favored by the reproduction of the weaker sex; the one most likely to become soonest extinct.

But every instance cited by Wilson bears squarely against the theory of Fürst, of Graz.

In the frightened captive, the slave in Uganda, the slave-woman on the frightful march to the coast, we have the likelihood of anemia of the genital organs, from exhausting labor, mental depression, and scanty food. Hence we have female births preponderating; while the more highly prized Waganda women, better fed, with slaves to do the hard work, bear a due proportion of males.

So, also, the young English bride, spending the honeymoon in seclusion, with nothing to worry, no occupation, and plenty of food, there is not so likely to be an ovarian anemia, as in her poorer sister, who goes at once to undertake the duties of housekeeping, as well as those of married life. And yet the former bears males, the latter females; precisely the reverse of what Fürst's theory would lead us to expect.—W.]

Calomel in Diphtheria.

Dr. W. H. Daly thus summarizes his treatment of diphtheria:

1. Give calomel in its purity.
2. Give it in large doses.
3. Give it frequently.
4. Give it until you have the free and characteristic catharsis.
5. Give light, nutritious diet.
6. Give little or no other medicine.—*N. Y. Medical Journal.*

Hygiene.

"Civilization has its evils as well as its advantages," and one of the greatest of them is the concentration of people in the great centres of population, with the misery, immorality, and disease, which are the outcome of it. Better constructed houses for the working classes, plenty of good water, satisfactory sewerage arrangements, will provide the means of amelioration in this respect; and we may well add a wider teaching among those classes, of such an education as shall lead them to appreciate the means used for their benefit, and to lend a helping hand for the furtherance of those means; for from its very nature hygiene should interest all classes of society; but it is to the poorest and least favored of fortune that it must direct its first attention. The time is approaching with rapid strides which was looked forward to by the great exponent of hygiene, Dr. Edward Parker, when he wrote: "Let us hope that matters of such great moment may not always be considered as of less importance than the languages of extinct nations, or the unimportant facts of a dead history."

"If a woman acquires syphilis during the fourth, fifth, or sixth month of her pregnancy, it will be fatal to the fœtus in about fifty per cent. of cases; if she acquire it during the seventh, eighth, or ninth month, it will be still more fatal, though less so, even then, than if she acquire it before pregnancy, in which case it is fatal to the fœtus in three fourths of the cases."—DR. HIRIGOYEN, Maternity Hospital, Bordeaux.

Therapeutics of Anisic Acid.

This peculiar acid, obtained by oxidation from essence of aniseed, is very soluble in alcohol and ether, sparingly so in water; but its alkaline salts are highly soluble in water. Anisic acid is endowed with very pronounced antiseptic properties. Spread in powder over a wound it retards suppuration and arrests the development of micro-organisms. Anisate of soda, given internally, is as powerful an antiseptic as salicylic acid, without ill-effects on the functions of digestion or assimila on. Neither is it depressant to the heart. I is indicated in acute articular rheumatism.

Glycerine may be advantageously prescr ed with perchloride of iron, as it not only cour ter-acts its harsh metallic taste, but also corr cts its astringent action on the intestinal tract, nd thus prevents constipation, when this is not desired.

Wonderful Surgery.

Prof. Garretson, the eminent surgeon of the Medico-Chirurgical College of this city, has performed at that institution, twice within the past six weeks, the difficult operation of resecting the superior maxillary nerve, for neuralgia.

The first case was that of a lady who came from Iowa for the purpose, having been a *constant* sufferer for years, and had undergone several operations without even temporary relief. She has not had a trace of neuralgia since the last operation.

The other case was that of a gentleman, on whom also the same operation had been previously attempted. In this case Prof. Garretson made a complete dissection of Meckel's ganglion, removing it entirely. This is working pretty close to the seat of life itself.

In both cases good drainage was established, and notwithstanding the extensive cavity explored, healing was by first intention, rapid and without the formation of a particle of pus.

In these operations the Professor was very much aided by the surgical engine, an instrument which he has the honor of having first introduced into general surgery.

"Yes," said the spirit medium to the reporter, "the unbelievers and scoffers give us a good deal of trouble, but we manage to get 'em some how. The other evening an Oakland man stuck to it that we could not materialize the spirit of his deceased wife, but when I dropped a couple of tomcats through the top of the cabinet onter his bald head, it converted him too quick."—*San Francisco Wasp.*

"Gourmandism" and abuse of alcoholic liquors are prolific secondary causes of sudden death among very corpulent people. Paralysis of the walls of the left ventricle while the right side of the heart is acting normally, induces acute and fatal congestion of the lungs, the primary cause being atheroma.

Much as I esteem my operations for trachelorrhaphy for the great good it is capable of ɔmplishing, I am often disheartened and ld wish I had never promulgated it, so conɪtly am I witnessing its perversion in the ıds of incompetent operators.—*Emmet in omæop. Jour. of Obst.*

ı cases of ulceration of the mouth of the nb, cicatrization has been rapidly promoted the local application of one part of iodol, een parts of glycerine, and thirty parts of ol.

Sprains treated by Massage.

It is said that sprains may be successfully treated by massage, gently and superficially employed in the beginning, (say, every second day) gradually increasing and prolonging the manipulations. At first it is a little painful, but quite supportable; after a while the pain vanishes, the swelling subsides, and the rigidity of the joint succumbs to the treatment, which should be persistent for about ten days. Perfect rest and methodical compression are necessary after each manipulation. In sprains of the ankle this treatment has proven specially useful; and it has even been of service in fractures of the radius and tibia.

It may not have been generally noticed that the pharynx and uvula are almost devoid of sensibility; nevertheless anyone can easily satisfy himself that such is the case. They are not completely insensible, but certainly far less sensitive than any of the neighboring mucous surfaces, or indeed any mucous surfaces of the body. Thus, removal of the uvula, or operations about the soft palate, really entail little or no physical suffering.

Appearance of Drugs in the Milk.

Fehling has recently made some observations which go to show that salicylic acid, iodide of potassium, iodoform and atropin appear in the mother's milk. Mercury appears in small amount, and not always. Morphine and chloral taken in pretty large doses did not affect the child, nor did food, not even acid fruits.—*Exch.*

The application of a five per cent. solution of iodoform in elastic collodion is efficacious in the relief of the severe pain attendant on pelvic peritonitis and phlegmon.

Inner History of the Great Russian Foundling Asylum.

The Russian Government founded a great foundling asylum on a system which appeared theoretically perfect. How far the practical workings of the institution varied from the calculations of its founders, the following account will indicate.

Foundlings were received in the asylum, and wet nurses were engaged, who took the children to their homes, that the mortality usual in such hospitals might be avoided, and the children afforded every possible opportunity to survive the perils of infancy. A very liberal allowance was made to the wet nurse, that the growth of the child should not be hindered by an insufficient supply of nutriment. The scheme was

beautiful on paper, but, like many another well-meant plan, it "didn't work."

Through a little unlooked for "shenanegan" (the thing exists in every country, though only America has had the courage to give it a name), the mother who left the child at the asylum to-night managed to become its wet nurse to-morrow; and hence was paid by the State for nursing her own child. Moreover, the allowances to the nurse were so large, that the position was eagerly desired, in that country where labor is onerous and comforts scarce. Accordingly, every peasant girl who could by any means compass maternity did so; that she might lead a life of ease during the nursing period. The male population thought the golden age had returned to earth again (excepting those who had to pay the taxes), while the fostering care of the government thus encouraged immorality in all the region surrounding the foundling hospital.

Di-sulphide of carbon kills microbes, arrests fermentation, and is an all-powerful antiseptic. It has been successfully administered in France, in cases of typhus, to disinfect the breath and excretions of the patients. It also arrests diarrhea. It is employed in aqueous solution.

Bismuth for Burns.

Cleanse the parts thoroughly with warm, carbolized water. Puncture large vesicles. Powder the burn with bismuth, cover this with a thick layer of absorbent cotton, and apply a bandage. If the injury be extensive, mix the bismuth with water, and paint over the part. This permits uniform distribution of a minimum quantity and lessens the danger of bismuth poisoning.

Once applied, the dressing should not be disturbed except to remove any pus, and then as little of the bismuth should be removed as possible.—*Progress.*

In cases of ulcerated impetigo, or of inflamed eczema, a salutary and prompt action has been obtained with the following ointment: Salicylic acid, gr. xv; lanolin, ʒ ij; zinc oxide, ʒ ij ss; starch, ʒ iij ss. In the case of a patient who had suffered for several years from a severe and rare form of pityriasis versicolor, three frictions of the following ointment sufficed to destroy the parasite: Salicylic acid, gr. xv; precipitated sulphur, gr. lxxv; lanolin, ʒ j ss. When greater softness of the skin is desired, it is necessary to add 20 parts of lanolin to 100 of vaseline. In seborrhea of the scalp, carbolic acid, lanolin and sulphur suffice to remove furfuraceous desquamation.

Nux Vomica.

Nux vomica increases the peristaltic movements of the intestines, by its stimulant action on the cerebro-spinal nerves, which supply the muscular walls of the stomach and intestinal passages, and thus relieves "atonic" constipation. Its action in this direction is almost specific, if not overdone by too large doses or too long continuance. A quarter of a grain each of extracts of nux vomica and belladonna forms an excellent laxative pill.

Inflammatory swelling and abscess of the mammary gland are sometimes subdued by the application of compresses steeped in spirits of turpentine. The odor is its principal objection, but it is said to subdue the pain and inflammation quite rapidly in many instances.

Phytolacca in Goitre.

Dr. Ely regards this drug as a specific in bronchocele. He prepares his own tincture, as follows:

Procure the fresh roots, wash, slice and dry in the sun, then pack in a percolator (a fruit jar will do), and cover with absolute alcohol, full strength. Let it stand fifteen days, press out, filter, and it is ready for use.

Dose, three to ten drops. Recent cases are cured in from one to three months. Chronic cases will require a year or more. It acts slowly.—*Exchange.*

[Poke root has always been an interesting drug to me. I once asked a friend if he knew of anything that would benefit enlargement of the lymphatic glands in the neck. He laughingly told me yes; that I had years before recommended poke root to him, and he considered it a sovereign remedy for that affection. It is certainly a most efficient remedy for inflammation of the mammary gland, and I have used it for years without once failing to abort the threatened abscess. I think phytolacca causes contraction of the connective tissue. I notice that when applied to enlarged lymphatic glands, they become harder as they become smaller. —W.]

In cases of diabetes among women, Dr. Lecorchè advocates the administration of opium, alkalies, and Fowler's solution; cod liver oil, creosote, and sulphurous mineral waters in pulmonary complications; caffeine and convallaria majalis in cardiac lesions; and calomel, bitter tonics and purgatives in gastro-intestinal and hepatic manifestations.

The average pulse-rate of a healthy horse is from 35 to 40 beats per minute.

The Pharmacist.

Oh! the man who runs a pharmacy,
A mighty chance for harm has he.
If his reason chance to tottle,
And he takes the morphine bottle,
By the ghosts of dead he's haunted,
If the quinine 'twas he wanted.

For he leads a life of terror,
Never feeling safe from error,
And when he does an error make,
He's almost sure a life to take.
Though he strives to be so careful,
And mistakes he tries to baffle.

Yet, some day when he has stirred'er
Mixture that committed murder,
Then at once he'll be arrested,
And his right to live contested.
Though judge and jury justly fail
To sentence him for life in jail.

All the people round about him,
Ever afterwards will doubt him,
His pharmacy he'll have to shake
Because he made this one mistake.
With all his joys of life at end,
Remorse and grief his heart will rend.

National Druggist.

Treatment of Snake-Bites.

With the evidence before us, to look for an "antidote" is the height of folly. The fate of the poisoned rests solely upon physiological conditions and relations of life and health, habits, and idiosyncrasies, low vitality of the serpent, etc.

It is possible sometimes, to tide over the period of danger until the system may rid itself of the poison. Iodine preparations are the nearest approaches to antidotes, as, if quickly forced into the circulation they retard the destruction of red blood discs, are antiseptic, and favor the effusion of lymph which checks absorption.

Aside from the doubtful value of transfusion, our available means are:

1. Arrest of circulation in the bitten part, and local venesection.

2. Sustaining the heart and lungs until the poison is eliminated.

Waring's motto fulfills every indication,—"enforced, continuous, violent, physical exercise, first, last, and always, until safety is secured."

Alcohol is of value only to fulfill the same object, of sustaining the heart and lungs. An intoxicated person succumbs more rapidly than one who has full control of his senses.

Amyl-nitrite is too transitory to be useful. Ethyl iodide does better.—(*Jour. Comp. Med. Surg.*)

I wish you all a Merry Christmas.

New Remedies.

Dr. Henry Schweig, in the *New York Medical Monthly*, makes the following observations; the justice of which must be apparent to all. He states that the history of a new remedy is marked by three epochs:

First, a report of cases treated by the new drug, which has been discovered to be in use by the natives of some remote country, for certain diseases. A few cases treated by the new agent progress favorably, and the conclusion is jumped at that "a new drug of great value has been discovered;" the self-limited nature of the diseases and their tendency to recovery without any treatment being entirely overlooked.

Second, the new "specific" comes to be generally tried by the profession. Many physicians prescribe the various preparations offered by the great manufacturing chemists, and numbers rush into print to proclaim the virtues of the drug, which they have given in a single case.

The differences in results obtained are largely due to inequality in the value of the preparations supplied by various houses; added to the varying degree of capacity in the observers.

The third epoch begins when order supplants chaos, and reasonable deductions based on careful observations with reliable preparations prevail. The drug then, and then only, should take its place in the pharmacopœia.

A minute quantity of sulphite of soda imparts a rich claret color to mixtures containing perchloride of iron, and improves their taste. Salicylate of soda has a similar effect.

Diet of Consumptives.

In the *Journal of Reconstructives*, Dr. Loomis gives some useful hints upon the feeding of phthisical patients.

He distinguishes between patients under thirty years of age, and those who are over forty. For the first class the basis of dietetic treatment must be the hydrocarbons and phosphates. They are often the curative agents. In the second class the albuminoids constitute the principal food. Fat is readily taken by the young, but not by the old.

In selecting special articles for either class we must further consider the stage of the disease, as regards the digestive power. The first stage covers the period when digestion and appetite are still unaffected; the second begins with the commencement of septic infection, and is marked by fever and gastric irritability. The third stage begins when the stomach refuses

May you have a prosperous New Year.

solid food, and ends with the death of the patient.

Systematic dieting should begin at the first suspicion of phthisis. Young patients should drink only milk; two to four quarts daily. They should eat meat, butter and cream freely. Other articles are to be taken sparingly, simply to avoid monotony. Large amounts of cod liver oil should be used, and the phosphates in special preparations. Patients over forty should take two or three pounds of meat, four quarts of milk and four eggs, in twenty-four hours.

In the second stage, a change is required in the way of preparing the food, rather than in its nature. Food must be given in fine division and prepared in the most palatable manner. Beef may be scraped or chopped; all coarse fibre being removed. [Salisbury steak.] Milk may be taken raw, boiled, cooked in custard, curdled, or shaken with cracked ice, and a little salt. Koumiss may replace milk, and peptonoids of beef and milk will relieve the digestive organs. Cod-liver oil will require emulsification; especially with pepsin and quinine.

In the third stage, when the indication is only to prolong life, the forced diet must be abandoned. Smaller quantities must be given at shorter intervals, and the food should be artificially digested.

Artificial digestants should be used from the first. Thirty grains of pepsin with thirty drops of muriatic acid should be given directly after eating and fifteen grains of pancreatin one hour after taking fat. If starches be not digested, diastase (malt extract) should be given with or after the meal.

The following rules are formulated:

1. Three full meals should be taken, six hours apart, with three light lunches.

2. No more food should be taken at one time than can be digested easily and fully in the time.

3. Food should never be taken when the patient is fatigued or worried. Lying down for half an hour before eating aids digestion.

4. Each meal should consist of a single article, or of such as occupy the same time for digestion.

5. Each meal should consist wholly of food digested in the stomach, or intestines; and these two classes should alternate.

6. At first, little fluid should be taken at meals; later, the use of solid food should be continued as long as possible.

7. When food excites cough, or cough causes vomiting, the meal must be delayed till the cough ceases, or a sedative must be given. In case every attempt at eating causes nausea, vomiting, or cough, feed through the stomach tube.

8. Exercise should be continued as long as possible, and later, passive exercise should be substituted.

[No greater test can be made of a physician's skill than in his attempts to regulate the diet of phthisis. However carefully this is done, it will be found necessary to change almost daily, as the patient quickly tires of any one article. No author with whose writings I am conversant, mentions the meats prepared with vinegar. And yet I have known pig's feet, tripe, lamb's tongues, and other pickled meats to agree with patients, after every other form of solid food was rejected.

It is best to make out a regular bill of fare, not allowing any article to appear more than once a week, and introducing novelties constantly. Moreover, it is wise to keep the patient in ignorance of what she is going to get, until the meal is set before her. —W.]

Headache from Ocular Defects.

At a meeting of the Chicago Medical Society, held October 20th, Dr. Sinclair read a paper on defective vision in school children, and its connection with headache.

It is certain that such cases are by no means rare. We know of a number of cases where school-girls were treated during long periods for chlorosis, neuralgia, and even uterine disorders, when the cause was finally discovered in defective vision. It may be laid down as a rule that recurrent headaches in a school-girl indicate the necessity for an examination of the eyes by a competent oculist.—Ed.

Sudden death from coma is not an uncommon occurrence in diabetes. It is probably due to the detention of certain bodies—acetone, aceto-acetic acid, oxybutyric acid, etc,—in the blood. In consequence of serious derangements of the liver and kidneys, always present in diabetes, these matters are not eliminated quickly enough, and therefore accumulating, they poison the nervous centers. The functions of the liver are as much disturbed as those of the kidneys; and albuminuria is a common associate of diabetic coma. In a like manner uremic coma is caused by pent up urea in the system. Neither urea nor acetone are poisons of themselves, but in default of elimination, they may induce poisoning by accumulation. The origin of acetone, aceto-acetic acid, etc., is as yet a mystery. Dr. Dreschfeld.

The Medico-Chirurgical College, of Philadelphia, possesses the most learned and experienced faculty of any institution of medical learning in the United States.—*Health & Hon*

Recovery after Loss of Spleen.

I found the abdomen greatly enlarged, and filled with a smooth, hard substance, which I diagnosed as an enlarged spleen.

She had had malaria and enlargement of spleen for several years previously. All treatment proved futile.

On April 6th, I discovered near the umbilicus a small red circle, with a soft centre. On inserting a trocar, instead of pus there came a puff of gas; then a dark, thick fluid resembling coffee-grounds. There were from two to three gallons of the fluid. On my next visit I found the orifice plugged up by a dark, liver-colored substance, which was without sensibility, and was clipped off from time to time. This substance was several days in passing off, owing to the smallness of the orifice. It finally yielded to the continued pressure, and on the morning of the 15th of April, during a fit of coughing, the whole substance was expelled. It proved to be the spleen, without attachments. It measured twelve inches in length and seven in width; was sack-shaped, smooth externally, honey-comb within.

She was anæmic, and completely prostrated; but under stimulants and tonics made a good recovery in three or four months. Since this time she has enjoyed good health, and is the mother of a fine boy. No spleen can be found on examination; the abdomen is soft and natural; no change in temper, or cravings, such as are noticed in lower animals after the loss of the spleen. She has had no malaria since, and is not anæmic at all.—Dr. W. W. Penn, in *Texas Courier-Record.*

Nitrite of Amyl in Whooping Cough.

Dr. Lewis, at a meeting of the Philadelphia Neurological Society, related his experience in the use of nitrite of amyl in whooping cough, in a child three months old: One part of amyl was mixed with three parts of ether. With each cough the end of the finger was wetted with the mixture and held close to the child's nose and mouth, so as to catch the first inspiratory effort. The child never had another attack of exhaustion, and the severity of the spasms seemed to be lessened, although the child coughed just as frequently, the number of paroxysms averaging fifty in the twenty-four hours, the amyl being given each time. No bad effects were noticed.—*Medical and Surgical Reporter.*

The most efficient recipe known for migraine consists of one drachm each of nitrate of caffeine and carbonate of ammonia in an ounce of elixir of guarana, the dose being one teaspoonful when required. G. M. Beard.

Prevention of Phthisis.

While the question of the personal communicability of phthisis remains "sub judice," it is well to dissuade consumptive persons from performing duties or offices by which the breath, saliva, or sputa are brought into contact with the healthy, the very young, the debilitated, or those already predisposed to the disease. The secretions and excretions of phthisical patients should be assiduously disinfected; and the time-honored but questionable custom of removing dust from furniture by brushing it into the air of the chamber (to settle again onto something else), should be abandoned for the more effectual method of removing it altogether, by means of a damp cloth; for the presence of dust in the air of the chamber is deleterious and irritating to sensitive phthisical lungs.

Effect of High Altitudes on Heart Disease.

In the September number we gave an extract from a paper by Loomis, giving examples of serious consequences following the ascent of mountains by persons with cardiac affections. To offset this we quote from a private letter received from Dr. W. X. Sudduth, of the Medico-Chirurgical College, who is spending a year in the Germam laboratories, preparing material for his classes in Histology.

He writes as follows:—"I have done some of the highest passes in Switzerland. I commenced with the Trutt pass (6000 feet), and led gradually up to the ascension of the Stockhorn (12,000 feet). This latter trip, including the descent to Zermatt, kept me on my feet ten hours and a half. The ascent was over 7000 feet, aud the descent 9000 feet. Pretty good days work!

Now, I know that this will be considered heroic treatment for a case of mitral stenosis.

I had a theory, however, based upon my last year's experience, that it would be beneficial in my case, although such treatment is not laid down in the books. I held that as there were no vegetations in my heart, but only a lessening of the calibre of the valve, a high altitude which would necessitate the expansion of the lungs would prevent pulmonary congestion; and also that if the continued exercise were not of too violent a character, the whole effect would be beneficial. So it has proven in my case.

I have felt less uneasiness in the region of the left auricle than is customary with me. My general health is first-class, and my powers of endurance have not exceeded their present condition at any time in the last ten years.

The blood of cholera patients has been demonstrated to be exceedingly rich in bile acids.

Immisch's Thermometer.

Few of us perhaps, have not demonstrated to our cost the fragility of the clinical thermometer.

It was a great step when the makers supplied short ones, which could be carried in the pants' pocket, whence they were less likely to drop out.

But in Immisch's invention we have something so admirably suited to our use, that we *must* take up a little space to describe it.

It is the size and shape of a small locket, and can be carried on the chain or by a cord around the neck, like an eye glass.

The case can be had in gold or in silver, according to the means of the purchaser.

The face is marked in the Fahrenheit and centigrade scales, and can be read much quicker than the ordinary thermometer.

The instrument is not self-registering, but when any temperature is marked, the index does not begin to recede for half a minute; and as Prof. Rand used to say, when he told us the world would come to an end in 30,000 years, "that is long enough for all practical purposes."

When we add that William Snowden recommends and sells these thermometers, we leave nothing unsaid as to their desirability for the use of physicians.

Be careful in giving Naphthaline.

Dr. PURDY writes to the *Jour. Amer. Med. Assoc.* to caution the profession against the use of naphthaline in renal affections, as recommended by De Pezzer. In doses of five grains this drug has excited violent cystitis, vesical tenesmus, backache and fever, lasting nearly two weeks.

[Our own experience with naphthaline has been so unsatisfactory that we would not have noticed it at all, were it not that we felt it a duty to warn our readers against the extravagant praises given in other journals. ED.]

Powdered cockroaches are employed in Prussia as a supposed remedy for dropsy.

Cold to the Cardiac Region in Fever.

Grigorovich presents the following conclusions:

1. The cold undoubtedly reaches the heart itself.

2. The effect is more evident when the pulse is increased by fever quickly mounting to a high point, and when there is some sensitiveness to fever.

3. The effect of cold is not marked at the end of a long attack of fever; changes having then become established in the cardiac muscles.

4. The local use of cold is only capable of protecting the heart from the effects of fever when applied assiduously from the beginning of the disease.

5. Under its influence the heart's action improves, the number of beats lessens, and their force and fulness increases.

6. Cold to the heart diminishes the gravity of the typhoid condition, and favorably influences the respiration.

7. No precise information was obtained as to the effects on the general temperature.—*The Practitioner.*

[The general inference from this is that in rheumatism, typhoid fever, etc., we should apply ice to the heart from the beginning of the disease until the high fever has disappeared. Our Bostonian friend rather guesses he will wait until some of you try it first.—Ed.]

Caution in the Use of Iron.

The preparations of sulphate of iron which are given in large doses for a long time, are apt to cause severe colic and constipation. While opiates fail to relieve these symptoms, they are promptly removed by a brisk cathartic. The stools resulting seem composed of water and black sand. This is composed of insoluble sulphide of iron, and sometimes constitutes an obstruction.—*Med. Analectic.*

Syphilitic Epilepsy.

Dr. Barbier comes to the following conclusions concerning syphilitic epilepsy:

1. The attack cannot be distinguished from an attack of ordinary nervous epilepsy.

2. It is due to central nervous lesions.

3. It is distinguished from essential epile[p]sy,

a. By the absence of cry or aura, by the n[o] de of succession or apparition of its crisis, b[y] he age of the patient, by the cerebral trou[b]s, precocious or late, preceding or following he attacks (cephalalgia, vertigo, fainting, Jack[so]n-ian epilepsy),—all characters of a secon[d] ry order as regards this diagnostic value, since [they] are common both to epilepsy symptomatic a

syphilitic lesion, and of an ordinary tumor of the brain.

b. By the frequent coexistence of disorders of sensations in the limbs, especially in the lower limbs, and by the frequent abolition of the tendon reflexes—phenomena which possess a real importance from a diagnostic point of view, since they are wanting in ordinary epilepsy, while they are quite frequent in syphilitic epilepsy; in the latter case, the brain and cord are simultaneously affected by the specific disease.

c. By the effects of mercury and iodine. (*Jour. Cutan. & Vener. Dis.*).

Malaria in Pregnancy.

In the *Weekly Medical Review*, Dr. Joseph Mullane writes:—

The results of my observations are as follows:

1. Malaria has a strong tendency to produce premature labor.

2. Quinine does not produce uterine contractions when malaria is present.

3. Pregnancy confers no immunity from the action of malarial poisons.

4. The effect of labor is to aggravate and prolong an attack of malaria, and parturition occurring during an attack of malarial fever is more liable to be followed by dangerous complications.

5. The most common complication in the warm months is peritonitis.

[Are these conclusions borne out by your own experience?]

Nerve Food Syrup.

℞ Tinct. nux vomica.....3ij
Fl. ext coca.....
Fl. ext. avena.....āā..℥ ij
Oil sassafras.....5 drops
Oil gaultheria.....10 "
Angostura flavor.....℥ iv
Water.....℥ xij
Syrup.....O vj¼
Carb. magnesia.....q. s.

Rub the nux vomica, oils and extracts with ¼ oz. of magnesia; add gradually 12 oz. of water and filter, pouring on enough water to make the finished product measure one pint and two drachms. Then mix the angostura flavor, syrup, and the filtered products thoroughly. Color with caramel. Dispense 1¼ or 2 oz. of this syrup to or 10 oz. of carbonic acid water.

ere is nothing magical or mystical about t 'Nerve Food Syrup," but there is "some- t g in it" that answers the purpose every t , and under almost every condition.— *Circular.*

e inunction of iodoform ointment into shaven scalp is strongly recommended tubercular meningitis, and appears worthy ther trial in this intractable disease.

CLASS-ROOM NOTES.

[From the *College and Clinical Record* and other sources.]

—For a man with *catarrh and dilatation of the stomach*, with vertigo and constipation, Prof. Waugh prescribed a dessertspoonful of the saturated solution of Carlsbad salts, to be taken in a pint of hot water one hour before meals; followed by half a drachm of a good fluid extract of phytolacca, half an hour after the saline draught.

—Prof. Garretson had at his clinic a case of *carbuncle*. He directed flax-seed poultices, with lead water and laudanum to be applied frequently. Many free incisions were made in the inflamed circumference, and as free bleeding did not follow, cups were applied. The skin surrounding the carbuncle was then painted with:

℞ Quininæ sulph.....℈ j
Tr. ferri chlor.....f ℥ iij
Tr. cinchon. comp.....f ℥ j
M. S.—Paint until black.

Afterwards sponges saturated with phenol sodique were placed on either side of the carbuncle and held in position by bandages.

The next day the carbuncle showed such signs of unhealthy action that Prof. Garretson burned it out with caustic soda.

At present writing, one week after the cauterization, the man is almost well, and expects to return to his work in a few days.

—At Prof. Shoemaker's clinic was a typical case of *herpes zoster*. He was ordered a lotion containing an ounce of bisulph. soda to a quart of water, and:

℞ Tr. ferri chlor.....f ℥ vj
Potas. chlorat.....℥ jss
Syrupi.....f ℥ j
Aquæ, q. s. ad.....f ℥ iij
M. S.—f ℥ j, every three hours.

—For *syphilitic iritis* Prof. Keyser prescribed:

℞ Potass. iodid.....℥ iv
Hydrarg. biniod.....gr. ij
Succ. alterantis.....f ℥ iij
M. S.—f ℥ j, thrice daily.

For *rheumatic iritis* he recommended sodæ salicylat. internally, and applied over the eye a plaster of yellow oxide of mercury and extract of belladonna.

—Prof. Gerhard prescribed as a tonic in *chronic malarial toxemia:*

℞ Quininæ sulph.....℈ j
Liq. potass. arsenit.....f ℥ j
Tr. ferri chlorid.....f ℥ ss
Syr. zingiberis.....
Aquæ dest. āā q. s. ad.....f ℥ iv
M. S.—f ℥ ij, thrice daily.

—Prof. Pancoast prescribed the following as an alterative in *enlarged lymphatic glands:*

℞ Potass. iodid.....ʒ jss
Liq. Donovan.....♏ lxxx
Tr. gentian. comp.....
Sp. aromatici.....āā..f ʒ ij

M. S.—f ʒ j, four times a day.

—For a case of *seborrhœa sicca*, Prof. Shoemaker's directions were as follows:

Never use a fine-toothed comb under any circumstances. They are one of the inventions of the Evil One, and always pernicious. Wash the scalp with:

℞ Ext. hamamelis dest.....f ʒ ij
Hydrarg. chlor. corros.....gr. x
Naphthol.....gr. xv
Aquæ, q. s. ad.....f ʒ v

M. S.—Rub in with a sponge thrice daily, or whenever itching occurs.

—In a case of caries of one of the cuneiform bones of the left foot, Prof. Waugh injected the sinus with Villate's solution; made as follows:

℞ Cupri sulph.....
Zinci sulph.....āā..gr. xv
Liq. plumbi subacet.....ʒ ss
Aceti.....f ʒ iij ♏ xx

M.

The mixture precipitated, but was however shaken up and the sinus filled with it. The pain and other inflammatory symptoms were great, but a single injection resulted in a cure.

—In subacute *pelvic peritonitis* Prof. Parvin directed rest, iodide of potassium, blister to abdomen and persistent injections of hot water, if, after trial, they are found to be doing good.

—Cocaine, in doses of gr. ¼ ter die, succeeded in controlling the *vomiting* of carcinoma of stomach after all other means had failed, in a case shown the class at Pennsylvania Hospital by Dr. Meigs recently.

—"Never give opium or quinine to a person who has slight *aphasic symptoms;* it will tend to develop the disease."—Da Costa.

—Dr. Curtin, in a clinical lecture at the Philadelphia Hospital, remarked that his patients suffering from *hay asthma* derived much benefit and relief from an atomized solution of cocaine applied to the throat and fauces.

—Prof. Gross, at a recent clinic, having previously diagnosed *stone in the kidney*, cut down upon that organ and removed a calculus weighing 65 grains. It was found imbedded in the middle calyx. At last report the patient was doing well.

—Besides the usual directions given as to diet, Prof. Da Costa prescribed the following, in *gastric ulcer*:—

℞ Argenti oxidi,.....gr. ½
Extract. belladonnæ.....gr. ¼
Ft. pilula.

Sig.—Ter die.

—In dressing a *fractured olecranon*, Prof. Brinton, instead of placing the arm in complete extension, as commonly taught, found that, by allowing a slight degree of flexion, you render the patient much more comfortable, give him greater ease, and do not materially interfere with the result desired.

—A case of *purpura*, the patient, a child about three years old, Prof. Da Costa treated as follows:

℞ Ext. ergotæ fluid.,.....gtt. x
Elixir simplicis,.....
Aquæ.....āā q. s.

M.

Sig.—Ter die.

—For *pruritus vulvæ*, due to erythematous inflammation, Prof. Parvin laid down the following plan for treatment:

℞ Argenti nitratis,.....gr. vj
Aquæ dest.,.....f ʒ j

M.

Sig.—Paint parts with solution once or twice daily.

If this cannot be applied, direct the application of saturated solution of borax by means of cloths or sponge, taking care to separate the labia well during the application. Hot water is also an excellent remedy.

—Dr. Neff, at a recent clinic, formulated the following comparatively simple treatment for *acute pleurisy*. Strap the affected sides of the chest firmly with adhesive strips, having previously used dry cups over the part; thus you procure rest. Give pulvis ipecac. et opii, in gr. iv doses, every four hours, for quiet and sleep; if more opiate be required, use morphine hypodermically.

—Dr. Rex, in a case of *chronic bronchitis*, prescribed, at Jefferson Medical College Hospital, the following:

℞ Ammon. chlorid.,.....gr. x
Vini ipecac.,.....gtt. v
Tinct. hyoscyam.,.....gtt. x
Syrup. senegæ,.....♏ xlv
Mist. glycyr. comp., q. s. ad f ʒ ij

M.

Sig.—To be taken at first every two hours, but ter-ward reduce to three times daily.

—Dr. Meigs recently presented to the ... at the Pennsylvania Hospital, a patient ho... was just emerging into convalescence fro... a severe attack of *typhlitis*. His treatment ad... been rest and quiet in bed, liquid f... d, milk, beef tea, soups, etc., and every two h... rs he had been given one-twelfth of a grain o... x-tract of belladonna, with one-fourth of ... in

of opium, as long as his condition called for it. No purgative should be given at the beginning of this affection, but after acute symptoms subside, move the bowels by proper enemata. If the case should become chronic we can then move the bowels by often repeated small doses of calomel, or a combination of aloes, rhubarb, belladonna and nux vomica. After cure is established be careful about diet, and keep the bowels soluble.

Prof. W. S. Stewart, when giving Dover's powder, combines it with extract glycyrrhizæ in the following proportion:

℞ Pulv. ipecac. comp.....
Ext. glycyrrhiz. (pulv.).....āā.. ʒ j
M.—Ft. chart. no. xij

This combination is quite palatable, and of advantage when administered to children in doses to suit their ages.

He also prescribes syr. ferri iodidi with syr. limonis, overcoming to a great extent its objectionable taste. The formula is as follows:

℞ Syr. ferri iodidi..... ʒ iij
Syr. limonis..... ʒ iij
Sig.—A teaspoonful in water to an adult.

Original Communications.

Short articles on the treatment of diseases and experience with new remedies are solicited from the profession for this department; also difficult cases for diagnosis and treatment.

Articles accepted must be contributed to this journal *only*. The editors are not responsible for views expressed by contributors.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them: and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—RUSKIN.

A Prize.

Editor MEDICAL WORLD:

I wish to offer through the columns of THE WORLD a prize of one year's subscription to THE WORLD, for the best assorted list of one hundred medicines most suitable to the wants of a country practitioner. And I will say to those who try for the prize, to send said list enclosed in a sealed envelope, within thirty days from the date of this journal. I will give the name of the winner in THE WORLD. I have a motive in this. Address, DR. J. L. FISHER.

lmes' Creek, Tenn.

Cocaine Addiction.

] ɔr MEDICAL WORLD:

any reader of your journal has met with a
(of Cocaine addiction and will send me the
1 ɜst details at his command, I'll thank him
1 the courtesy, reimburse him for any expense
i ɪrred, and give him full credit in a coming
1 ɜr J. B. MATTISON, M. D.

ɔklvn, 314 State St.

Prolapsus Funis Umbilicalis.

[Continued from November number.]

Editor MEDICAL WORLD:

While in the great majority of cases version is to be excluded as a means of treatment, still we might find it useful on some rare occasion, and we must not on the whole forget that it has proven successful. I contend that it is the only method to be employed in complex presentations with the funis, such as arm with funis, or placenta praevia and funis.

Lusk, in his admirable treatise, says: The conduct of the physician in each individual case will depend upon the presentation and the modifying circumstances.

The question of version and the unavoidable pressure on the funis, suggests to us as obstetricians a most important question, which has a very strong bearing on all methods of treatment, viz: How long is compression of the cord necessary to cause the death of the fœtus? I have searched a number of obstetrical works, and in only one I have found a time mentioned. The author of this work, Dr. Alex. Hamilton, of Edinburg (1784), says: A pressure on the umbilical cord perhaps for ten minutes, by interrupting the circulation, will be sufficient to destroy the life of the child. (*Nulla regula sine* exceptions, gentlemen of the profession.) This time appears far too long for me, for I am sure in our experience in versions for example, two minutes' pressure from non-delivery of the head has been quite sufficient to destroy the life of the fœtus. Notwithstanding, there are cases on record and to be met with, where the prolapsed cord has apparently ceased to pulsate, and yet the child was delivered in time for its resuscitation.

I know of a case in my own practice, in which the cord was pressed upon from above, the loop hanging down pulseless from pressure upon the arteries, and I have succeeded in delivering the child alive. But such cases are unfortunately rare. Sometimes change of posture of the cord allows the feeble heart to rally, and the pulsation of the cord is restored.

I now shall dwell upon the position. The membranes have been ruptured, cord prolapsed, and the head is fairly engaged in the cavity of the pelvis. If the os is fully dilated, turning is out of the question, or at least there is not much in it. What must be done? Most authors recommend the application of forceps to complete rapid delivery. I must acknowledge that many lives have been saved by this procedure. Care must be taken not to enclose the loop of the cord within the blades of the forceps. The extraction must be as rapid as is consistent with the safety of the mother.

It is clear that in primiparous cases delivery

cannot be effected with sufficient rapidity, without great danger to the maternal parts. Also, as a great many cases of prolapsus are in first labors, the applicability of the forceps must be limited for the above reason.

Admitting the advantage of the forceps in certain conditions, have we any better means of overcoming the difficulty? When called to attend a labor, some of us have not always a bag of instruments with us. Should prolapse occur, the delay which follows before procuring the instruments would be fatal to the child.

The next method of treatment now is that of reposition of the cord into the uterus, or if that cannot be done, to place the prolapsed cord in such a position that it shall be pressed upon as little as possible.

The cord is to be brought into the oblique diameter of the pelvis, opposite to that occupied by the child. This procedure is said to be successful sometimes in pluriparæ with large pelvis, and soft, dilatable parts. Nevertheless, it is plain, from the change that occurs in the position of the head during the progress of labor, that while the cord so placed may at one time be free from pressure, it is shortly subjected to it again, and trouble arises.

In primiparæ such measures are of little or no avail.

Some authors recommend the pushing of the cord up in order to hook it over the child. Gentlemen, no doubt this answers the purpose if the cord will keep and stay there.

Dr. Ramsbotham advises us to carry the loop up above the presenting part and retain it there till the next pain comes along, in the hope that the head will be propelled somewhat downwards, while the funis remains above.

But his advice is followed by the remark that we shall often be disappointed by the loop reappearing as soon as we remove our fingers.

Is not this the experience of all of us? It is also recommended to push up the loop and apply a piece of sponge or soft linen, to act as a stay on which the loop may rest. This process may succeed now and again. But is it certain? By no means, I venture to say. A number of mechanical contrivances have been used for the purpose of overcoming all these difficulties, but I have not read in any treatises of one which deserves the value attached to it.

While attending lectures on Obstetrics in the University of Kiel, under Professor Michaelis, I remember well that this noted gentleman once used a gum elastic male catheter, to which he attached by ligature the loop of cord, passed the catheter and funis up into the uterus, withdrew the stilette, and allowed the catheter to remain during labor. Being soft, it did no harm.

In Dr. Ramsbotham's treatise on Obstetrical Medicine and Surgery, you will find another mechanical contrivance introduced by Dr. Perkins, of Exeter, in 1843. The danger that arises from the employment of these mechanical contrivances is due to the ligature; the cord is very slippery, and necessitates some compression to retain it. The ligature must be made from tape, and withdrawing the tape, which must necessarily be wet, an amount of friction ensues which obstructs the ready passage of the tape, and compresses the cord. I would suggest that it might be well to grease the tape before use, if this method is at all to be had recourse to by any one of us.

Dr. Ramsbotham says that we can easily get, on the spur of the moment, a piece of whalebone wherever women are present. I presume he means a piece from an attendant's corset; but in these days of steel corsets I am afraid there would be great difficulty in getting the whalebone.

I said that we had not always the forceps with us; neither is it likely that we can always carry an instrument designed for reduction of prolapsed funis, seeing that the accident is so rare.

Have we then any other means available? This question will be solved in next number.

Ephraim, Utah. WM. H. OLSTEN, M. D.

Typho-Malarial Fever.

Editor MEDICAL WORLD:

Reading your valuable Journal every month, and not seeing much written on typho-malarial fever, I will give my ideas on this disease, which I hold to be a distinct type of fever from malarial or typhoid, but partaking of the characteristics of both. There is, first, a distinct chill and the vomiting of malaria, but accompanied by the great nervous prostration of typhoid; second, a fever remittent in character, which quinine has no power to cut short. This fever is quite common in our climate, called by our old practitioners continued fever; though a better name is inflammatory fever. It is not necessary to go into a discussion of typhoid, which we k w to be a specific fever, caused by the typl d poison affecting Peyer's patches; but this f r hardly ever affects the bowels; the stomach pears to be the chief center of inflammat , which is marked by anorexia, vomiting, d white tongue in the beginning, which later n the disease becomes very red on the edges h a yellow or brown coat in the middle. Mal a appears to be the predominating element, it if it is, why does not quinine have any po r

to cut it short? The duration of the disease is from four to six weeks.

I write this article with a desire to bring out the views of the profession on this very stubborn disease, the treatment of which I will give afterwards. H. G. MAGEE.

Franklinton, La.

[We have had in Philadelphia a febrile disease resembling that described by Dr. Magee, which has puzzled us to identify. The general condition was that of mild typhoid, with depression, dry tongue, brown in the centre, irritable stomach, moderate fever, some delirium at night, but no diarrhœa unless laxatives were given. There was no intestinal hemorrhage, tympanites, gurgling or iliac tenderness and no spots; but marked tenderness in the epigastrium. The cases lasted about four to six weeks, and all recovered. Quinine had no special effect. Nor can we say that any treatment influenced the course of the disease. Are these the cases which in malarial regions are called typho-malarial?—ED.]

Hour Glass Contraction.

Editor MEDICAL WORLD:

THE WORLD for September, 1886, contained an editorial note saying, "We have never seen a case of hour-glass contraction except when ergot was used." I do not understand you to mean that it does not occur, but that you have not seen a case. I have had three cases of hour-glass contraction, and I gave no ergot in either case. What I consider peculiar about them is the fact that they were sisters. The first case was in 1877. I attended her from the first. Head presented left occipito-anterior. It was an easy labour, but at the end of ten minutes I found hour-glass contraction. I dilated with my hand, without much trouble, and everything went well. Two months after, a sister, a primipara, sent for me, and I met with exactly the same conditions, with the same result. Here comes the peculiar part of it. In 1879, the first one sent for me again. I found a footling half delivered. I saved the child, and immediately went for the placenta, remembering my f ıer experience. Judge my surprise to find ł r-glass contraction, and well contracted, so t it was hard to dilate. Just as I reached the] enta she had a severe pain, and I know ł ething of the contracting power of the ı us, from the pain in my hand, which was ı severe. The patient did well, and both are ; to-day, each having had one child since;] as I left Staten Island (where they live), I ł not know the result of their last confine- ı R. W. ST. CLAIR, M. D.

klyn. N. Y.

Laceration of the Perineum.

Editor MEDICAL WORLD:

I was called August 31st, to attend Mrs. C——, primipara, æt. twenty-two. I found a head presenting and everything going nicely. In a short time the membranes ruptured, followed by violent expulsive efforts, expelling the head and producing laceration of the perineum to the extent of an inch from the fourchette. I am reprehended by her husband and some lady friends for the accident. They attribute it to carelessness on my part, and think I could have prevented it. Now the facts are these: quick labor, excessive bearing-down efforts and violent uterine action, before the external parts were properly prepared. As to her family—her mother and two sisters older than herself, all have lacerated perineums; one complete, the other down to—but not including—the sphincter ani. I employed Prof. Clay's method of supporting the perineum.

Can we always prevent laceration? Which method of supporting the perineum is the best? Did Churchill, Simpson, Meigs, Collins, and others, all get through without an accident of this kind? Are there statistics giving the number of cases?

I would be pleased to hear from some of the readers of your ever welcome Journal on this case. M. J., M.D.

Bratton, Ky.

Post-Partum Bandage.

Editor MEDICAL WORLD:

In the April WORLD I requested readers to write me whether it was their custom to apply the bandage or not.

Forty-seven were kind enough to reply. Twenty-nine of this number used the bandage. Two or three simply used it to avoid any controversy. One writes, "From 1880 to 1884, I never bandaged one that I could persuade to get along without, and I found in looking over the records of these cases that they did not do as well as those bandaged. There was relaxation of the uterus after contraction, and hemorrhage (to my mind) greater than usual. My patients complained more of back-ache, were more helpless in bed, the flow continued longer, the uterus continued longer in a state of subinvolution, the abdomen remained longer loose and flabby, the natural symmetry was impaired longer, the back on getting up was weaker, and the patients were on an average one or two days later in being able to get out of bed." This gentleman was the only user of the bandage who had tried dispensing with it.

Some express a preference for a bandage cut in such a way that it will fit the person, while

others condemn such a bandage, preferring simply a straight piece of cotton cloth, one says eight to ten inches, another twelve to fourteen inches, another eighteen to twenty inches wide. Eighteen did not use the bandage. One-half of this number stated that they had used it and discarded it. One says, "have been in practice twenty-five years aud have not used the bandage more than a dozen times." Another writes, "have never used the bandage after labor, in a practice extending over eighteen years, and have never regretted not using it." Another says, "in an experience of forty years I only use it when requested." Another writes, "in nine years' practice have never used or allowed them." Another writes, "my experience in a practice of thirty years with the use of the post partum bandage has resulted in discarding it in nearly all cases." Another says, "have not used one in fifteen years." Another writes, "I haven't used a bandage for the past three years, and cannot see but that my patients get along as well if not better than when in the habit of bandaging." One writer asks, "why not bandage our domestic animals, as there is certainly more strain upon their abdominal parietes." One writer with quite a surgical reputation, who is now professor of gynæcology says, "jot me down as against them; I know that they are injurious." Lusk's Mid-wifery, third edition, page 226, says, "the application of the binder after delivery is one of those points in practice about which men of large experience entertain a difference of opinion. In my student days in the Hospital des Cliniques, in Paris, the binder was dispensed with. A folded sheet was, however, laid across the abdomen, it having been found that a certain amount of pressure was necessary for the comfort of the patient.

Careful observation has failed, however, to show me a single good reason why the binder should be discarded. When properly applied, it adds greatly to the woman's comfort."

He says, you should begin to join the bandage from below. I notice some writers in THE WORLD reverse this. I know of women who prefer to dispense with the bandage. Some years since a physician friend of mine remarked that women who had tried both methods (his wife among the number) preferred to go without the binder. In my own practice I have tried both methods, and have not seen the wonderful result claimed for the bandage. Those who have not had the bandage applied have gotten up full as quickly, and the "form" has become just as perfect as it was previous to pregnancy. I have written to several of the non-users of the bandage, to know if in their experience the omitting of the bandage has any influence in leaving the mother with a lax and pendulous abdomen, and the answer is no! that they can see no difference when it has been used and when it has not. I am satisfied that as a rule the use of the bandage is not of service in this direction. In some women the bandage will make them more comfortable during the first twenty-four hours. I think the placing of a pad under the bandage (as some of the users do) is entirely wrong, being almost sure to crowd the womb backward or to one side. I think if the woman's comfort is to be considered, a bandage cut to fit should be used. One might as well speak of going into a store and putting on the first suit of clothes proffered, without regard to size, and expect them to fit the person gracefully, as to jot a straight piece of cloth around a woman's body over the hip, loins, and up to the ensiform cartilage, and have it fit like a glove.

I do not suppose the discussing of this question will change the established custom of physicians, yet I am very glad to have received so many responses and to learn the feelings of the profession at large. As this ends the discussion, I desire to thank each one that has replied to the bandage question.

Charlotte, N. Y. S. J. SMITH, M.D.

The Index Rerum.

Editor MEDICAL WORLD:

In looking over the number for October, I notice the wise suggestion of the "Medical Library," for the keeping by medical men of a "Common-place Book." It is of value. My friend and classmate, Dr. Wm. C. Smith, then of Hackensack, N. J., while together at the old "College of Physicians," New York, presented me with a copy of the "*Index Rerum*," by Rev. John Todd, D.D., published by Hopkins, Bridgman & Co., Northampton, Mass. I do not think anything can better meet the purpose, if yet in print. To me it has been of much value. The author says it is "intended as a manual to aid the student and professional man in preparing himself for usefulness." Further on it is said, "secure a WORLD Binder, you will not regret it," and I herewith enclose amount in stamps for same. I find its need.

Pontiac, Mich. JNO. P. WILSON

The Coating of the Tongue in Disease

Editor MEDICAL WORLD:

"Medic" in the "Quiz Column" of t month's issue asks, (1) "Of what is the coat g on patients' tongues composed? (2) Why d s the color differ in different diseases? (3) Wh e does the coating come from?"

In answer to these queries in their order;) The coating in disease is due to the deat f

the epithelial cells lining the mucous membrane and the papillæ of the tongue. In the presence of disease in the acid or congestive state (See "Map of Tongue," p. 170, last May's issue), the venous congestion of the tongue, with other organs, due to the poisonous acid elements in the blood, prevents the nutrition of these cells, and they die, become enlarged by absorbing fluid, and fall off from the mucous membrane, and mix with the secretions of the mouth, and there form a *thick white paste* which lying on the tongue, by contrast of color, appears very white.

In the inflammatory stage of disease, which must be preceded by a congestive stage, the tongue becomes engorged with arterial blood, and as the epithelial cells have been removed in the previous stage, the color of the blood is seen clearly, and thus gives the red or bright red shade, according to the degree of injury done to the epithelial cells in the preceding congestive stage. The other tints or shades are due to the quantity of food supplied to the tongue, and also to the action of the oxygen, hydrogen and nitrogen contained in the air, and its moisture, and upon the excretion of the three salivary glands which contain sulphocyanide of potassium with other salts.

(2) The color of the tongue differs in different diseases, rather as to the state of the system than from any special disease, whether in the congestive or inflammatory stages.

(3) The coating is due to the condition of the epithelial cells as explained.

Baltimore, Md. DR. C. COLEMAN BENSON.

Diphtheria.

Editor MEDICAL WORLD:

I adopted the following treatment in 1863, during an epidemic of diphtheria. It proved so successful with me and other physicians to whom I gave it, that I have continued to use it ever since. I was very successful with it in an epidemic in Chili, South America, in 1878–9.

I begin the treatment with a dose of calomel, five grains, and follow with:—

℞ Potass. chlorat. pulv.....ʒ ss
Acid. hydrochloric.....fʒ j
—Put the chlorate in a bottle, pour in the acid, and
on as the gas begins to form dash in water ʒ vj.
fixes the gas and you thus get chlorine water, an
ss of the chlorate remaining; then add quin. sulph.

—A tablespoonful every four hours in half a glass
old water.

ve tr. ferri chlor. ʒss–ʒj in water every
hours, thus alternating the medicines every
hours. I think that this is better than
ng them all together. These are doses for
s. Paint the fauces, etc., with *pure* lemon juice three times daily, or where it is not to be had, with:—

℞ Acid. hydrochlorici.....
Mellis.....āā..fʒ j
M. S.—Apply three times daily.

Spraying the throat with vinegar and hot water several times daily is grateful to most patients. I pay attention to the state of the bowels, kidneys, etc., and sustain strength by milk, beef-tea, milk punch, brandy, etc. I never change the bed-clothes, nor the clothes of the patient during the attack.

Ellicott City, Md. A. P. BURNES, M. D.

Retention of Dead Fœtus.

Editor MEDICAL WORLD:

Your suggestion to doctors to publish only their own mistakes in practice is wise, and much may be learned from errors committed; especially when subsequent events tend to clear up a doubtful diagnosis.

Mrs. B., a very intelligent lady, age 32, the mother of seven children, the youngest nine months old, has been suffering the last four months with great numbness in the lower extremities, and a feeling of needles in her feet, especially at night. Great discomfort in locomotion. Has considerable rectal and some vesical irritation. Menstruation regular, sets in three months after the birth of her children, and continues until next pregnancy. She has no appetite, has poor rest, and has fallen off in weight. Her last accouchement was quick and easy. Has suffered at times with irregular rheumatic pains and some malaria. Her health previous to present trouble had been excellent. She had been examined by two prominent physicians, who rendered a guarded diagnosis of "incipient paraplegia," from malarial or rheumatic causes.

Tonics were prescribed and a sojourn at the Sulphur Springs was recommended and carried out, with no relief whatever. Upon the arrival home of Mrs. B., I was called in and learned her history, as detailed above. She was very despondent.

To my mind the numbness, etc., resulted from reflex action on the spinal cord from a pressure upon the sacral plexus of nerves.

My first diagnosis was "Probable pregnancy with a deflected uterus," and I also expressed myself to that effect; pregnancy, however, was not admitted by the patient for the following reasons: 1. When in this condition she always suffers from nausea up to the third month; this time she has not suffered any inconvenience whatever. 2. Absence of abdominal enlargement. 3. Regularity of menstruation.

Acting upon these hints I omitted pregnancy from my diagnosis, but insisted upon a deflected

uterus, probably a retroversion, and after explaining the symptoms, etc., suggested an examination, which was readily granted. I performed a digital examination and found a considerable retroversion. The body of the uterus pressing upon the sacrum seemed to me rather elongated and narrow than broad as in pregnancy; the cervix was approaching the symphysis pubis. In this pathological condition I saw at a glance the solution of all unpleasant symptoms, and I resolved at my next visit to replace the uterus in position, and by doing so to relieve my patient of all her troubles.

I suggested to Mrs. B. the propriety of having bowels and bladder well evacuated at my next visit, and spoke hopefully of her case.

A week afterward I attempted reduction after divers methods, but did not succeed. I then placed my patient on her back, introduced the sound according to Thomas, and after less trouble than I anticipated from my other failures at reduction, I gradually brought the uterus into a state of antiversion. In order to retain the organ in position I made use of tampons of cotton, as directed by Prof. Thomas (4th Ed. p. 381).

After the operation Mrs. B. expressed herself relieved and was profuse in her acknowledgements. I enjoined the necessary precautions and left; but, alas! three days afterward I was summoned in the night to the bedside of my patient on account of uterine hemorrhage, and living at some distance, a doctor from the neighborhood, a very worthy man, was called in, who at once resorted to ergot and laudanum and the tampon, after removing the carbolized cotton I had introduced. After giving the doctor a hasty sketch of the patient's previous condition, I expressed my fears of a probable abortion; but he rather suggested a passive hemorrhage from a formerly displaced uterus. The os, he remarked, was dilated. Mrs. B.'s condition being better, the Doctor left for home; but in less than half an hour there came on another flooding, so severe that for the space of two hours the woman's life was as if hanging by a thread.

No one can realize my feelings under these circumstances, except he who has had the sole control and responsibility of such a case, and I cannot conceive of anything in a country doctor's practice (far removed from any assistance) more calculated to strike terror into his heart or to paralyze his best energies, than a case of sudden and profuse uterine hemorrhage. Large doses of laudanum, hypodermics of ergotine and brandy, etc., were tried in quick succession, with Velpeau's sinapism between scapulæ, hot water injections and applications of bottles with hot water to the whole body, when needed, and tampons ad libitum. After ever so long a time I felt relieved—the flooding had stopped. But when I introduced my first tampon I found the os dilated! After my patient had rallied she requested to know the cause of the hemorrhage. I communicated to her and husband frankly my apprehensions of a probable abortion, that pregnancy on account of her obscure symptoms could not be diagnosed, and my belief that in the event of abortion, the fœtus must have been dead for some time, and that after its removal the lady was likely to regain health. The balance of the night passed off quietly. In the morning when I removed the tampon, I found a three months' fœtus in an advanced state of decomposition, and emitting a horrible stench! Mrs. B. regained her health entirely, and has had three children since at full term. My frankness in her case, however, secured me the confidence and practice of the family and friends.

My trouble in this case was owing to an imperfect diagnosis. The retroversion was readily recognized, but who could under such circumstances have diagnosed pregnancy?

I endeavored to make out the fœtal sounds, but found none; I tried ballotement without satisfaction, and adding the patient's objections as to pregnancy, I thought myself justified in omitting it from diagnosis.

The introduction of the sound was wrong in such a case, but I believe I unwittingly rendered the lady a great service in assisting nature to remove an effete fœtus. Was the death of the fœtus due to the retroversion, or *vice versa*?

Now, brethren, criticise and explain.

W. H. J.

Lycopus in Dysentery.

Editor MEDICAL WORLD:

A word more about lycopus Virginicus. Correspondent "R" of your journal, says: "Lycopus is not good for dysentery, but for certain pathological conditions." I will not pretend to dispute with the gentleman, who has had such a large experience this past summer with dysentery, but I will say that I have administered lycopus in sixteen cases of *genuine dysentery*, during August and September la and that, too, with the desired effect eve time. My youngest case was an infant of o year, and the oldest a woman of 77—nor w all of these cases suffering with "rapid pu dependent upon debility." I do not mean give the therapeutical action of the above dr in this disease. The U. S. P. devotes very l tle space to it. But I do say that from p success with it, I shall continue to use it un it fails in my own hands.

If Dr. Baird, of Pesch, Texas, will take equal parts of powdered cubebs and bicarb. soda; mix (by weight), thoroughly, and administer from 10 to 30 grs. of the powder about fifteen minutes after meals, giving it in solution in water (repeating after a few moments, even two or three times, if necessary), I think that he will relieve many of his cases of indigestion. I have found it to work nicely in those individuals complaining of fullness after eating, dizziness, spots before the eyes, etc., etc. It will cost him little to try it anyway, and if no good is done, there will certainly be no harm, as the only ill results that would follow, even with a large dose, might be a little nausea.

One word more and I am done. I was called in to see a woman of 40; weight about 156 pounds, and the mother of four apparently healthy children; gives scrofulous history of mother and grand-mother; has had more or less cough and expectoration in the fall of the year for the past twenty years; pulse at these times ranging about 100, strong and corded; precussion and auscultation revealed nothing abnormal. She said that the evening before I saw her she was "seized with a violent coughing spell and soon expectorated over a pint of offensive, purulent matter, which upon exposure to the air, became almost solidified." When I saw her she was up and doing her work. Where did this expectoration come from? Success to your valuable journal. CHAS. B. MCCABE.

Greenville, N. Y.

Tape Worm.

Editor MEDICAL WORLD:

Enclosed find one dollar, for which please send me THE WORLD for another year. It is undoubtedly the most practical medical journal that I am acquainted with, containing so much useful, and at the same time really interesting reading matter. The benefit received by reading one single number often more than pays for a whole year's subscription. For instance, Palmer's formula for cough medicine I think is one of the very best for almost any kind of cough; at least I would not exchange it for any other. Also Dr. Coveny's treatment for d ntery (lycopus Virginicus). I have tried it c everal occasions and think it very useful. A ccessful treatment of tape worm in my p 's has been the following:

℞ Pil. hydrarg.,.....gr. x
Hyd. chlor. mit.,.....gr. viij

Ft pil. no. iv—to be given at bed time, f eded by a day's fasting. In the morning, e y, give: ℞ Eth. oil male fern (Merck's) a fld. ext. pomegranate bark, of each equal p Mix. Of this give two teaspoonfuls, and in one hour repeat the dose, to be followed by a good dose of oil after an hour or two.

The calomel part of this treatment is very essential, for without it, it is very doubtful whether you will succeed in expelling the head.

I do not claim the originality of this (the calomel), for I think it was Prof. DaCosta who first used it, in combination with pelleterine, but it will work just as certainly with the male fern; at least I have found it so. The only trouble is that the stomach is very easily upset and the medicine vomited.

Frelsburg, Texas. B. J. FEHRENKAMP, M. D.

Dr. Newth's Case of Hydrophobia.

Editor MEDICAL WORLD:

In the October issue of your estimable paper, Dr. C. H. Newth reported a case which he had diagnosed and treated as hydrophobia. But I never can believe that his diagnosis was right, and the remarks of the editor at the end of the article, "bellowing and barking are not symptoms of hydrophobia," are exactly correct.

What other symptoms has Dr. Newth to satisfy his diagnosis? Only gasping for breath, the difficulty in swallowing, and exhaustion after drinking some water, and—what the etiology concerns—that the deceased treated a cow, which died of *what was supposed to be hydrophobia.*

In nearly all cases in which an animal dies of hydrophobia, an *expert* can only say by the post-mortem examination whether it was afflicted with hydrophobia or not; and I can not see that the remarks of a farmer, who *supposed* that the disease of the cow was hydrophobia, have any value for the diagnosis of this case.

Or perhaps the doctor calculated in this way:

1. The patient got on his hands and knees like a cow.
2. He drew his head back like a cow.
3. He bellowed like a cow.
4. He treated a cow some time before, which *was supposed* by his neighbors to be afflicted with hydrophobia; and it was not needed to examine the patient for any other disease—it was hydrophobia.

I have seen different cases of hydrophobia, when the patients got delirious and had hallucinations, caused by the often repeated spasms of the respiratory organs, etc., but they never acted like a dog, cow or other animal.

The patient was tied to the bed from 10 o'clock P. M. until 1 o'clock P. M., when he died, and what did the doctor do for him in this time? I can find nothing either in the first

stage of the disease, in the spasms, nor in the delirium, except a drink of water and a stroke with a fan in his face!

The peculiarity of the case is in the doctor's idea, "that the patient did not know he was likely to have hydrophobia, and therefore did not have the dread of the bitten part, but still he had that terrible feeling." I think the patient was right, that he did not believe in the doctor's diagnosis; first, it was not proved that the treated cow died with hydrophobia; it was only supposed so by neighbors; and second, I can find in the history of the case no bitten parts at all.

To the question "What feeling is that?" I will say that it could be hallucinations, or beginning of paralysis of one side of the extremities, which the doctor could not observe, because the patient was carefully tied to the bed. We have such feelings in the extremities, as well as the mentioned spasms of the respiratory organs and throat, in different diseases of the brain. I am astonished that the doctor says nothing at all about the reaction of the pupils, contracted, irregular contracted or dilated, strabismus, paralysis of one or both eyelids, or the state of the pulse and temperature. In my opinion the whole disease was nothing but a compression of the brain, caused by a severe attack of congestion and blood-stasis in the same, and in consequence a capillary blood extravasation, which gradually increased and caused the death. Thus my opinion is supported by the diagnosis of the first attending physician, who diagnosed sunstroke, but no proper arrangements were made to treat the patient in a regular manner for this disease, and Dr. Newth found upon his arrival the doors and windows shut tight, with the thermometer in the nineties!

As to the treatment of hydrophobia with xanthium spinosum, this is a plant belonging to the family of the Ambrosiceæ, and in the year 1876, when I was in Leipsic, Germany, this remedy was used only by quacks for the cure of hydrophobia, but only in those cases where no hydrophobia existed, did they make a so-called cure. It was tried by the profession in real cases of hydrophobia, but without any success.

I have my doubts, whether any physician in general practice has seen *one hundred* cases of hydrophobia, and if Dr. Gryzmala has *cured* 100 cases (?) I think he is ahead of Pasteur; only his name is not so well known, perhaps on account of his too great modesty.

Hastings, Minn. DR. H. HAHN.

If you have not secured a "WORLD Binder" we would advise you to do so at once.

Diagnose the Case.—Sting of Cobra de Capello.

Editor MEDICAL WORLD:

A great many cases come to your valuable journal that are intricate and difficult to diagnose, much more to prescribe for, with doubts as to what can be done,—and to do something with some semblance of affording relief *in extremo*, even at hap-hazard. Just such an admixture of a case I lay before you. An old man three score and three, with a fine physique, wiry muscles, height about five feet five, florid complexion, good appetite, but blind from the effects of mining in early days in California, is troubled with severe spasms of the stomach and bowels periodically, emissions of gas, gurgling sounds in the abdomen that can be heard yards off, distention with great movement of the intestines, without any operation or vomiting. This at first seeing would delude the unwary into the belief that it was a case of strangulated hernia making its advancement; but the erective spasms of the penis correspond with the other symptoms, *intermittingly*, and it is only when he has sexual intercourse with his spouse, two and three times per night, according to the severity of the attack, that relief is afforded. A story of this kind could hardly be credited throughout, if it came from the old man, but coming from the other party, at various times, since twelve months past, when I was called upon to keep down symptoms, and seeing him a few times in the condition described—I had to believe her assertion, as she begged me to do something as it was undermining her health. Various remedies as anti-aphrodisiacs were tried, such as fl. ext. belladonna as far as four minims in water per orem, two and three times a day, alternating with gelsemium, calomel and jalap, etc., and lastly croton oil as a prompt medicine to cut short the muscular action of the parts concerned; but this latter after an operation or two, only increased the trouble and he would not take any more. The local application of camphor above the pubes was also tried, with steamed cloths, all with little or no good. Chloroform was thought upon, but in the hands of either party could not be trusted; cocaine at that time I did not possess, or it might possibly have been of some serv[illegible]; but no remedy helped him except intercou[illegible] according to severity of attack as has b[illegible] mentioned.

I am not the only one that had this case, a[illegible] it is an exceptional one, for I have not he[illegible] or dreamt of anything its similar. The qu[illegible] tion is, does the abdominal lesion depend [illegible] the priapism, or vice versa? The first best [illegible] plains the spasms, for they invariably appea[illegible] during repose, though separation was stri[illegible]

enjoined in the treatment. No medication has been tried for some time past, although Mrs. ——— told me the other day when she called for treatment for herself for varicose veins, that Mr. ——— was about the same. This is the case, honestly but indifferently described.

In reference to cobra bites, October number, page 347, I desire to add my little experience: I have never known a case of recovery from cobra de capello poisoning, either in man, brute, or fowl (the mungoose excepted, the elephant perhaps may be exempt), during my years of residence in the East Indies, where this reptile and other species abound. I heard of cures, and read accounts in British journals to the same effect, but had my doubts. In many such cases the protection of clothing acted as a barrier to the virus entering the circulation, although the fangs punctured the surface; and the cobra may be mistaken for other species, when striking unseen, for he does not hood (?) his head, and killing alone can identify him. I have known instances where death occurred in less than six hours, the immense swelling probably hastening the end. The little mungoose is of a ferret species, with greyish bristling hair and red eyes; he is the mortal foe to the cobra, and the battle is fierce and bloody; but he gets away with the snake, with all his activity, whose sting is harmless to him. What is more surprising to observe, is the enmity betweeen these two creatures. Green grass has been asserted by experts, to act as an antidote in neutralizing the poison in his system while the struggle lasts; but this I think is to cool his parched mouth. They are easily domesticated.

E. MAGUIRE,
Bloomfield, Cal. *Phys. and Surg.*

The Brinkerhoff Treatment.

Editor MEDICAL WORLD:

I notice an article in the November number of THE WORLD, in reference to the Brinkerhoff system, purporting to set forth *the merits* of said system.

Dr. Brinkerhoff seems to have been the first to invent a speculum by which the rectum could be explored, without the administration of an anæsthetic (which really constitutes the chief merit of *his* or any other system), and he is entitled to credit therefore, that this invention has brought happiness and sunshine to many a gloomy despondent sufferer, whose only hope was the knife or ligature with their painful and doubtful results.

I happen to know something about the Brinkerhoff system myself, having been cured of hemorrhoids by it after many years' suffering, and also having practiced it for nearly three years, during which time I have treated many hundreds of cases, with entire success in every instance. In a few instances in the winter season, there has been considerable pain and soreness after an operation, in consequence of taking cold, but never to such an extent as to occasion alarm or apprehension as to the result. Let justice be done! MEDICUS.

Cleveland, O.

[Of the alleged merits or demerits of the Brinkerhoff system we have nothing to say; but we must take issue with the writer when he speaks so disparingly of the knife and the ligature. Talk is cheap; but if one wants to prove the value of his pet methods, let him show such magnificent results as Allingham has given of the ligature, or as others have obtained by using the clamp in hemorrhoids.

When one has learned to use the elastic ligature, dilation of the sphincter ani, the galvanocautery, and Dr. Hoffman's method in fistula, he will scarcely be likely to invest in any patent "methods."

Let us hear what the results of treatment have been; give the number of cases, and the proportion of relapses, and we can judge whether your method is any better than those in general use.—ED.]

Opium in Post Partum Hemorrhage.

Editor MEDICAL WORLD:

I recollect listening to the late, eminent, unique, emphatic and interesting professor of midwifery, etc., in the Univ. Med. Col., City of New York—Gunning S. Bedford, when lecturing upon this kind of hemorrhage, and the treatment to rescue the apparently moribund woman from her danger, his language was, "give laudanum in teaspoonful doses," and that this was our sheet anchor. Prof. Bedford was no visionary, but sought after facts. "Facts are what we want, gentlemen." "What are the facts in the case?" and so on, were words common to him, uttered with no uncertain sound, and calculated to make a lasting inpression on his hearers. Prof. Bedford is worthy of all honor, veneration and remembrance by the medical profession, for his writings, lectures, and for his success against all odds arrayed against him among medical journals and men, in being the first man who successfully inaugurated gynecological clinics at the Univ. Med. Col., City of New York, at which clinics all the forms of chronic and sometimes acute diseases which woman is subject to, were presented to his classes, and in their presence examined and treated by him. For the proof of the opposition which he had to meet,

in establishing these clinics, I would refer the doubtful to "Nelson's Northern Lancet," and the New Hampshire *Journal of Medicine* for the years 1852-53.

At this day who would think it!

In the editor's closing sentence he asks, "would you continue turning out the clot, or would you let it alone?"

I would reply emphatically, *I would let it alone.*

I well recollect the following case of labor that I attended in 1856. The lady had been in labor for a good many hours, was restless, nervous, and about worn out, with irregular pains which seemed to do no good. I thought about midnight that I would try to give her some rest, and with this view gave a dose of morphine. Judge of my surprise and satisfaction to see the woman quiet down, and the pains become regular and strong, and labor terminated in less than two hours. I have witnessed these results from the use of morphine more than once since, and also from the use of chloroform.

At this day, in my estimation, there is a great deal of meddlesome and culpable midwifery—to use no stronger terms. From the teachings of many we would be led to look upon labor, child-birth, as an abnormal phenomenon instead of a natural process which has been going on from the advent of the sons of ancient Eve. Yet I believe that the medical man should be competent to conduct an abnormal labor to a successful issue, in so far as our teachers may point out the ways to do so.

What are we to think of such recommendations as the use of injections of a solution of bi-chloride of mercury, in *natural* labor, and under favorable surroundings, when we recall the cases that have been reported from time to time, illustrating the evil results from its use! Notwithstanding what I have seen written on the subject to the contrary, I have never, except in a very few cases, thought it necessary to resort to any kind of injections. And in taking a retrospective view, I have no cause to regret my course, from any want of success.

Some two years since a medical gentleman reported a fatal case of puerperal fever, in which he confined his treatment to internal injections of the bi-chloride of mercury.

But I must close, for I see that I can't cover the whole subject of midwifery in this article. The subject of "post partum hemorrhage" is an important one, and the physician who shall undertake the management of such cases, before becoming conversant with the recognized treatment in such conditions, as I used to tell my medical students, such should be booted from the house of labor.

"Finally" as the old time preacher used to say—I like THE MEDICAL WORLD and class it with that other most excellent journal, the New York *Medical Record,* which I have taken for many years.

Enclosed please find stamps for the "WORLD Binder."

Saranac, N. Y. S. HAYNES, M. D.

Dr. Emrick's Case.

Editor MEDICAL WORLD:

In the November issue of your journal, Dr. Emrick, of Seven Points, Pa., relates a peculiar case of a young lady, 18 years old, in the article entitled, "Persistent Vomiting: Spontaneous Cure," and asks for a solution of the mystery. Well, Doctor, we have no means at hand of giving positive proof, but our opinion is that there's a *fine looking man in the "case."* Are you married, Doctor? If you are, then there's another fellow mousing around that neighborhood.

The "something" which she claims to have heard "giving away" was all in her mind. Depend upon it, Doctor, her age brought with it understanding, and she made up her mind that no sensible man wanted an invalid for a wife; her wish to marry became greater than her desire to arouse sympathy and excite wonder and curiosity, so she just stopped her —— foolishness—that's all. She knows just as well as you do that you didn't cure her, but she'd "got to get well" for above reasons. She had to find an excuse for her sickness, and offer some explanation for her recovery. For reasons known only to herself, she wants to give the credit to *you.* Ergo, we again ask, are you married? The profession usually call such cases neurotic, hysteria, etc. I call them *nervous cussedness.* WM. J. CRONYN.

Dunkirk, N. H.

Can a Male Bear Children?

Editor MEDICAL WORLD:

In perusing the very interesting and instructive contents of THE WORLD, I never tire masticating the mental feast; and as it is an axiom in hygienic dicipline that conversation aids the digestive process, so in mental culture by facts disseminated through your pages we may entertain and benefit each other; notwithstanding the highways of our professional doings may lead us to the remotest bounds of civilization.

Therefore if you will permit a reference to the article "can a male bear children," on

333 of October number, 1886, I would note that the "if" in question number four might leave a doubt upon the minds of many, whether a male could be "impregnated." But for the satisfaction or interest of any of your readers who may be in doubt, if they refer to *Montgomery on Pregnancy* (1857), page 302, bottom of page, they will find a "case of a fœtus found in the abdomen of a young man," by Nathaniel Highmore. The fœtus is deposited in the museum of the College of Surgeons in London.

Thus it is shown that one baby has been, partly at least, matured by man (yet not truly an impregnation), with rather unsatisfactory results; therefore proving that the good old fashion is still the most humane.

As a request has been made in previous numbers of THE WORLD, for a satisfactory treatment of Dysmenorrhœa, I hereby give a very reliable recipe, which I have used frequently during the last thirty years. In females of a nervous temperament, when painful menstruation occurs independent of organic lesions, it seldom if ever fails if given according to directions.

℞ Extract. belladonnæ.....gr. viij
Pulv. camphoræ,.....℥ j
Quininæ bisulph.,.....ʒ ij
M. ft. pil. xxx.

Dose.—One pill every hour or two until the pain ceases.

Pittsburg, Pa. W. N. MILLER.

A Weak Law.

Editor MEDICAL WORLD:

We have in Iowa a law compelling physicians, under penalty of a fine, to report all deaths and births within thirty days of their occurrence. This law is not very strictly enforced, since there are physicians in the State who pay not the least heed to the law and who keep no record at all, except the record which refers directly to the cash paid or fervently hoped for. The object of the law is very evident, and is without doubt a good one, and one which, if observed as it should be and not as it is, would finally render the new generations of the State well recorded. There can be no possible objection to the portion of the law referring to deaths, and there can be no excuse for the failure of physicians to r e the reports in the allotted time. Aside f n the settling of possible legal entanglements, v reby estates are involved, information may r lily be obtained or substantiated, and the t ing of contagious diseases can more readily l made. Also the causes of diseases may be r readily discovered.

the matter of births, it has always seemed t me that by grouping the return period v that of deaths, the real object of the law i feated, and what ought to be a complete history of a people, becomes an imperfect and jumbled mass of figures, and stuff that never can form the basis for anything. I feel very certain that in the reports that are made of births in Iowa, at least seventy-five per cent. of them fail to give the name of the child. Now in such a report the name ranks in importance only second to the sex, and where distinctive outranks it. What use then is a report that gives the names, ages, and nativity of the parents, and fails to give the name of the child? It is not at all the rule for the child to be named inside of the thirty day limit, so in order not to violate the law the physician must send in a report that is next to valueless. In point of fact it is valueless, so far as the future usefulness of it can be considered. The only way in which to render the report valuable would be to require reports to be made annually or semi-annually, and then none but completed reports need be made, but in every instance the report would convey all the information needed or expected, instead of only an occasional report being of any value, as now.

It is also a matter of regret that the enforcement is made a matter of choice, with the various county clerks to whom the reports are made. In order that the law, which is in the main an excellent one, might be made the means of securing a complete roster of the people of the State, it is essential that all births and all deaths be reported within a reasonable time. If each county clerk were to have a complete list of the physicians of the county, it would not seem a very difficult task to see that each made his report with the regularity and certainty the case demands.

So it happens in this as in other laws, that the work of framing or devising a law for medical men needs to be done by medical men, and when completed and before finally being acted upon, it should be scanned with the utmost care, in order that the object to be obtained is not lost, in the attempt to make it appear that time is of more moment than facts.

Leclaire, Iowa. J. A. DEARMOND, M.D.

Comments and Suggestions.

Editor MEDICAL WORLD:

THE WORLD is full of good things, which aid the busy doctor much. But the spur to closer observation and more correct thinking is not the least of its uses. Having disposed of fornication as a remedy, and about decided that the post partum bandage is to be continued for all time to come, and the cord to be tied within a few minutes after the child is born, the "brotherhood" seems disposed to consider ergot, hourglass contraction, indigestion, and India as a

field for making fortunes rapidly in healing the natives of their many maladies.

1. *Ergot.* I have studied its actions closely and am quite familiar with the practice of a few physicians, some of whom use it very freely, others very seldom; and all have equally good results so far as I can see. I have given it in a number of cases, and had good results; then I have omitted it in a number of cases, and had equally good results.

This week I had a primipara, aged thirty-two, who had an easy labor until the head reached the perineum, which was somewhat rigid. After the head had rested lightly on the perineum for about two hours the pains grew weaker, and no progress was made for half an hour. I gave half a drachm of fluid extract of ergot, the woman being in good condition, and in about twenty minutes the pains improved much, the perineum dilated, and the child was born in less than an hour without any tearing.

Another similar case in a young woman (æt. twenty-six) treated in the same way, did first-rate. Now from these and many such cases, I am sure many doctors use far too much ergot, and very few too little. Only a few women really need ergot at any stage of labor. I have not given more than a drachm of the fluid extract to any woman I have attended, in the last two or three hundred cases, and many of them less than half a drachm, and a number of them none at all. I do not give more than three or four per cent. of my cases any at all till after the child is born, and then have the placenta removed before the ergot acts. The coming obstetrician will use very little ergot, compared with the past and some of the present.

2. *Hour-glass contractions.* This trouble is not very common. Ergot is blamed for it sometimes. If ergot caused it in a healthy uterus some men would meet it every week. But they don't see it once a year. It may be defined as a cramp of one set of the uterine muscular fibres, and the chances are that some injury to a nerve supplying that set of fibres, or the fibres themselves, is always the real cause of the trouble. Anything that will break the tonic spasm will relieve the patient; chloroform, morphine, opium, or dilatation will aid, but time in most cases is the remedy *par excellence.* When there is no flooding, wait; when there is, chloroform is necessary, and we introduce the hand, remove the placenta, and in most cases all will go well.

3. *Indigestion.* Dr. Baird, of Texas, has given us the Gordian knot of medicine to untie. The digestive organs of man have been abused more than any other organs of the body. It is no wonder then that millions suffer from indigestion. It is almost a miracle that people do not suffer more. Two errors of diet cause most of the trouble: eating too much, and eating improper food, are the main factors in indigestion. Millions of children have their stomachs irretrievably injured before they cut their teeth—and no medicine, no dieting, or any combination can by any means restore fully the normal condition. How many of us who ought to, know how to eat, and when to eat? After great care for weeks, digestion may be improved so much, that we suppose we are fully restored, and allow our palate to overcome discretion; eat too much or at the wrong time, and lo! in an hour the fiend that was chained is loosened, and headache, pyrosis, lassitude, constipation, diarrhea, or insomnia destroys our peace and drives us to execrate our folly. How then can we expect the poor, the ignorant, and the weak to keep their digestion in good order all the time?

Fasting for half-a-day, after a fit of indigestion; then a day or two on milk, lime water, and stale bread diet; pepsin, lactic acid, nux vomica, or hydrastis, *pro re nata,* will aid a large percentage in keeping fairly well. Change of air, rest, and a new cook, will often work wonders. But this Gordian knot can only be entirely untied by death.

THOS. W. MUSGROVE, M.D.

Carleton, St. John, N. B.

Treatment Needed for Atonic Dyspepsia.

Editor MEDICAL WORLD:

Will some of the readers of THE WORLD give me the best treatment for atonic dyspepsia? I have a case on hand the symptoms of which are as follows: There is a weight and uneasiness, lasting throughout the process of digestion; a feeling as if a foreign body were lodged behind the sternum. Digestion is impaired in respect to all classes of foods, farinaceous, saccharine, and fatty; hence flatulence and eructation of rancid fats are frequently present.

The case appears to be complicated with chronic ileo-colitis.

The stools are frequent and vary in color from a light to a dark brown, and are intermixed with a quantity of viscid mucus, particles of matter passing unchanged.

Appetite is usually good, but owing to the distress which food gives him, he eats but a small quantity at a time.

The tongue is swollen, relaxed and sometimes raw, and again, the surface is covered with a deep brown or yellowish furrow. The tip at times presents a strawberry appearance.

The mucous membrane of the mouth is usually pale, and the gums are soft and spongy. The uvula is elongated and the tonsils are enlarged.

The voice is husky, and he frequently clears his throat of a glairy, tough mucus.

The bodily condition is much depressed; the pulse is usually irregular and at times intermittent. It is hard to compress, and extremely excitable. Palpitation occurs quickly, on the least exertion or excitement.

There is a sense of great oppression of the chest, and at times dyspnœa is a marked symptom.

The skin is pallid and the extremities are usually cold.

The specific gravity of the urine is 1015, highly colored, and highly acid phosphates are found in great abundance. The mental condition is in harmony with the general state; that is, depressed. Impaired memory exists, and there is great inaptitude for mental exertion.

The mental attitude is of gloom, apprehension, distrust and incapacity intensified. The physical discomfort tends to cause the sufferer to have misgivings that the malady is something more than mere indigestion—a haunting fear that the brain is the seat of disease, when there is headache; the heart, when there is palpitation, or irregular action, tortures the unhappy sufferer.

The remembrance of this impression hangs like a dark cloud over the intervals of comparative health.

There is indeed a panphobia, a general sense or dread of impending evil, which embitters the sufferer's existence, and every uncomfortable sensation is interpreted as an indication of structural disease somewhere. His physical suffering is aggravated by his mental misery. "In the modern keen struggle for existence the dyspeptic is like a man fighting with one hand tied."

This case has been under my care off and on for two years, and it is useless to enumerate the remedies used, as I have almost exhausted the Pharmacopœia.

Craig, Neb. C. E. CLARK, M. D.

Doctors in India.

Editor MEDICAL WORLD:

Having had several years' experience in British India, I would say to those inquiring as to t prospects of success in that country, that o ide of Calcutta, Bombay, and Madras, t e is absolutely no opening (except it be chance as private physician on some tea tation, or at the court of some petty nawâb ajah), as the practice is all for the civil s eon or regimental surgeon, either of whom i aid by the government according to his le, and is required to treat the wives and f ies of officers and officials according to a schedule provided. From this it will be readily understood that in stations where seventy per cent. of the European population are government officials, the prospects for a non-official physician are not very bright. The cost of living is high, unless the most rigid economy and self denial are practised, but to anyone having a bank account to fall back on, and who can emigrate from the plains to the hill sanitariums during the hot weather, and who is fond of sport, I know of no country where more enjoyment can be had. During my residence there I travelled from Cape Comorin to Peshawur and from the higher slopes of the Himalayas to Candahar, and on to Bombay; and should any of your readers care to write to me I shall be happy to give them any information in my power. To those who are bent on trying fresh fields, I can from certain data say that Australia is the place for a physician of energy and ability.

In conclusion I would thank you for the regularity with which you send me THE WORLD; still the eye grows weary waiting for the "next."

Buffalo, N. Y. DR. H. MORTIMER.

Shall Druggists Prescribe?

Editor MEDICAL WORLD:

Since the question has arisen, "Shall Druggists Prescribe?" I would like to have the opinion of the medical fraternity in regard to patronizing such druggists. We have in almost every town from one to a half dozen so called druggists who sell their patent nostrums whenever the chance is offered, and frequently urge them upon the people, prescribe over the counter, and in fact are about the worst competitors that the practitioners have to contend with.

What the physician wants is a druggist who dispenses medicines on prescriptions alone, in short, keeps an exclusive prescription store. If we are to help support this class of rivals, it seems to me that we are simply cutting off our own heads. Let us hear from the profession on this subject. J. R. W.

Spencerville, O.

Indigestion.

Editor MEDICAL WORLD:

I have been a sufferer from indigestion nearly all my life, being now forty years of age, and have never been entirely well from its troubles. In the summer of 1881 I contracted a cold, took fever, and this debilitated me so that when I ate anything, or drank even water, there was a great distress in my stomach. After a few hours I would find my bowels filled with gas, and there would be colicky pains therein. My stools would have mucus mingled with them; even when they were hard there would be a tenacious

mucus wound around them. I suffered agonies in the region of my kidneys and had a constant desire to urinate. I frequently voided a mealy or lateritious substance, which I believe to have been chyle. This caused burning, and sometimes almost produced stricture. I had a dry, slimy, sticky taste, especially on arising in the morning. I suffered with vertigo, and dazzling before my eyes. I could not sleep well at night, was extremely weak, suffered with pains almost all over the body, and felt bruised in the muscles of my legs and arms. Had sometimes sore throat, a dry hacking cough, and cold feet and hands. I was much troubled in my breathing, feeling as if I would lose my power of breathing.

Sometimes I suffered with palpitation of my heart, and also had my stomach palpitate or throb perceptibly when I would press upon it. Often when I would eat bread I could feel when it touched a certain place in the stomach, as if there was an ulcer or sore spot there. My pulse was quick and feeble. Sometimes it would run up from 80 to 120 by changing position. I was very low spirited, and after lying in bed for three months, by sheer force of will I left my bed, telling my wife I would as leave die sitting up as lying down. I quit the other physician's treatment, and began a tonic treatment, such as iron (tinct. muriate), hydrastis, nux vom. colombo, quassia, pepsin, and as I have before stated, tried everything I could hear or read of in medicine; and by a strict observance of my diet, which for one year was boiled fresh milk and rice, I was restored to my usual health. I give my case as typical. Can you give me your treatment for such a case? Or will you ask the contributors of your journal to give me their treatment?

I noticed in the May number of your journal a case of hydrophobia treated by Dr. Benson, of Paris, by the vapor bath. When you have space I will give your readers the account of a case of hydrophobia treated by the vapor bath two years ago. J. P. B.

For Powder Burns.

Editor MEDICAL WORLD:

Below will be found an excellent formula for use on the face, etc., in powder-burns from gunshot wounds. It causes a pustular swelling within which we will find the grain of powder and can easily extract it. I have used it in numerous cases and like it better than any other lotion. Long life to THE WORLD say I. It exactly meets my idea of what a journal should be to be of benefit to the majority of practitioners.

Hydrarg. bichlor.....gr. viij
Tr. benzoin.....ʒ ij
Aquæ.....ʒ viij
M. Ft. lotion.

WM. RAND, M. D.

Diabetes.

Editor MEDICAL WORLD:

Please say to your patrons that I am advanced in years, and have symptoms of diabetes, and have had for the past year some soreness and uneasiness in the region of the kidneys, and a little in the bladder. I pass too much urine, especially at night, clear as spring water, no pain in kidneys, appetite good, digestion good, and no symptoms of dropsy; sleep well at night, only have to get up too much to micturate, have not tested the urine, have taken some medicine, but still urinate too much; think of trying *nitrate uranium*. What do you think of it?

A prescription is solicited.

Gossett, Ill. A. A. W., M.D.

[As men advance in years they may expect to be disturbed by calls to rise at night to urinate.

An increase of the urinary secretion is also found in some cases of prostatic disease and vesical catarrh; due to the curious law by which an irritation at the mouth of a duct excites an increase of functional activity in the gland, to which the duct is an outlet.

This may constitute a true diabetes insipidus, or polyuria; for which ergot sometimes proves beneficial. For diabetes mellitus, we have recently had encouraging results from the use of Wells & Richardson's Lactated Food as a diet, and no medicine but a weak alkaline water, like the Poland or Waukesha.

We will be glad to hear what the "household" have to say about it. Friends, a sick brother asks your advice.—W.]

Treatment Wanted.

Editor MEDICAL WORLD:

I have been much interested in the question and answer department, as well as *all* the others. I have a patient on whom I have practiced 27 years without a cure, and the patient still lives. If the editor or some of the many readers of THE WORLD will give me a "cure," I shall be under 10,000 obligations, each and every one due on demand.

Patient female, 42 years of age, married, has had four children, youngest 17 years old. Dark hair, eyes and skin. Housewife. Menses regular, also bowels, and kidneys in normal condition. Pulse and tongue normal. Digestion weak, appetite average. From one to three times each month has headache, lasting from 24 to 48 hours. Severe and often excessive vomiting: *green*, *blue* and *yellow*, sometimes all at one attack; frequently continues

until completely exhausted; sometimes she is "out of her head." Stomach very tender. Liver normal size, but tender at all times; often painful. Nervous temperament; usually active. Works hard; cheerful disposition; fond of music and company, but is never inclined to dissipation in food or society.

She has received the attentions of many physicians without even temporary relief. At one time, 15 years ago, she had articular rheumatism for two years, during which time she had none or very few headaches; but they returned when the rheumatism was cured.

I am inclined to ask THE WORLD for counsel, from having been much benefited by reading its valuable columns, and believing it to be the most valuable journal now published on the continent, for the busy practitioner.

Corunna, Mich. C. T. ARMSTRONG, M. D.

[Such a periodic headache is probably hemicranial neuralgia, in which case it is unilateral, or was so at first. In that case we would give strychnine, gr. $\frac{1}{10}$, thrice daily, continued for a year, to prevent the attacks. We would get the lady a four cell galvanic battery, and teach her to use it, passing a current from the back of the neck to the seat of severest pain, and continuing it until the pain ceased. It should be repeated as often as the pain recurs.

If the pain is not unilateral, and never has been, we would look on it as an acute indigestion, and would give draughts of hot alkaline water at the very beginning of each paroxysm, and in the intervals paint over the liver with the following:

℞ Ammon. chlorid,..... ℥ ss.
Acid. nitromur.,..... ℥ ss.
Aquæ,..... .....ad... f℥ ij
M. —W.]

Editor MEDICAL WORLD:

I have a patient—Wm. K., age thirty-three, business car inspector, who was sun struck in July, 1878. He was not able to resume his work for nearly five months, when his health seemed to be as good as ever. About ten months afterward, he was attacked with severe pains in the head, neck, stomach, bowels, and heart. The pain was relieved by injections of r rphia, and in a few days he was again able t take his position, since which time he has h from one to five attacks a year. I will de- s be as near as possible his case: While enjoy- i seemingly the best of health, he will begin t eel as he says "light headed," and in from • nty to forty minutes he will be suffering the t stexcruciating pains that I have ever witnessed v one suffer. The pains will be principally i his stomach and bowels, not so severe in l d and neck, and over heart; the muscles in his arms and legs will cramp, and frequently he will be drawn up until his knees and chin will meet. He imagines he is being hit with a club, and that some one is amusing himself by sticking a knife in him. He tries to escape from his supposed enemies, strikes at those around him, frequently bruising his hands badly, and it requires several men to keep him in bed. These attacks last from six to eighteen hours, and in from forty-eight to seventy-two hours he will be able to resume his occupation. Heart action very weak; on one or two occasions I have thought him dead, but in a short time he would rally; his urine has to be drawn for one or two days; between attacks his general health is good; he weighs one hundred and seventy-five pounds; his habits are good, he does not drink, and will not smoke over two segars a week; his mind is all right, he remembers as well as he ever did, and is able to perform as much manual labor as he ever was. He has had two of these attacks in six weeks, and I thought I would ask for aid, to see if there is any thing that can be done to guard against them. I see so many cases reported in THE WORLD, asking for aid, that I thought in this, my hour of trouble, I would make the call. I relieve his pain with hypodermic injections of morphia, hot applications to body, and cold to head and neck. This may not be the treatment, and if possibly from my way of describing the case, you can map out any plan of treatment which will be reasonably successful either during attacks or to guard against them, it will be thankfully received by

North Vernon, Ind. JAS. H. GREEN.

Hofmann's Pessary.

Editor MEDICAL WORLD:

Although for several years I have made diseases of women a specialty, I never had what I could call decided success, until I began the use of Hofmann's Anatomical Pelvic Pessary. This was about a year and a half ago.

My first case was that of Mrs. B——, who was suffering from *retroversion*, which had existed for several years. I had tried different kinds of supporters and pessaries, but these had invariably produced pain and irritation, and if worn for any length of time, even with great care and frequent removal, produced inflammation. I then employed the anatomical pelvic pessary, which was followed by a marked improvement, and later, complete recovery. The patient suffered neither pain nor inconvenience and never complained of its presence.

My next case—a young lady—Miss H——, had suffered about two years with *prolapsus*, caused originally by riding on horse-back. At times she was unable to be on her feet without

much distress. I applied Hofmann's No. O Pessary which gave immediate relief. She wore it for nearly a year and was able to remove and replace it without assistance. To use her own words, she "never knew she was wearing one," and was able to be on her feet constantly. For the past six months she has not found its use necessary, and considers herself cured.

I could cite other cases of *displacement*, also flexion of the uterus, where I have used the above pessary with equal good results.

This experience has induced me to discard all other pessaries and supporters, as I find that the "anatomical pelvic pessary" meets all the requirements and all the conditions necessary for recovery. M. HERBERT SIMMONS, M. D.

Oak Hill, N. Y.

Items From Chili.

Editor MEDICAL WORLD:

Having received a number of "THE MEDICAL WORLD" of July, 1886, I desire to subscribe to it, also to receive the "Formulæ of American Hospitals," second edition enlarged.

The following balsam is used here in the treatment of ulcers.

BALSAM OF THE VIRGIN OF CARELMOPU.

℞ Ol. olivæ.....fl℥ ij
Glycerinæ.....fl℥ j
Adipis.....℥ j
Vini Portensis.....fl℥ j

It should be mixed and heated at a low temperature so as to evaporate the spirituous portion and bring it to a proper consistence.

An excellent application in burns is the white of eggs beaten up with sweet oil.

For applications of immovable apparatus the following I consider excellent:

The whites of eggs well beaten with raw flour; in this mixture the roller bandages should be well soaked, then applied; once dried it becomes hardened, which will only take a few hours, and can be removed easily when desired by hot water. This is the Beliche system of treating contusions after subsidence of inflammation, and dislocations, after reduction is done, and immersing the part in hot water; and in fractures after endeavoring to put the bones in juxtaposition they apply the same bandage, calling it the application of a bilma. These bilmas are made in different ways and of different substances, but the above one being always at hand in cases of emergency, I have considered it important.

The white of eggs well beaten with a decoction of oats, the Beliche use as a febrifuge, drinking it *ad libitum*. I consider it a good help to any other medicine and a pleasant drink.

In 1886, during the epidemic of typhoid fever in Quemchi and Huite, I observed this general treatment of this disease. My medical chest not being very well provided, my treatment was symptomatic. I obtained excellent results from the following prescriptions.

℞ Calomel.....gr. x
Pulv. rhei.....gr. xx

followed when necessary by an ounce of castor oil.

℞ Acid. carbolic.....℥ ij
Aquæ.....O ij

To be atomized in the sick chamber repeatedly during the day.

℞ Quiniæ sulphat.....grs. x
Aceti.....a. q. s.....

M. S.—Aquæ, āā ℥j, every four hours.

Linseed poultices with a teaspoonful of mustard and powdered camphor. As a refrigerant, cream of tartar, as a stimulant, wine. Besides other treatment I employed an enema of "Natre" surprisingly reducing the temperature. I consider this last named substance of great importance, first known I suppose by the Beliche tribe.

P. S. In my next communication I will send you a sample of the "Natre" stating its effects and uses. LOUIS FELIPE OSSA, M. D.

Ancud, Chiloe, Chili, South America.

Notes.

Editor MEDICAL WORLD:

I must give Barry's fever thermometer the praise over a dozen others. Celerina and pinus Canadensis can't be beaten, nor can wine of lycopus in incipient phthisis. I use Playfair's mode in delivery of placenta, and never had any trouble yet, and but one attack of covulsions, though I have had to finish up that part for midwives a good many times. I always give ergot after the child is born, and wait for the cord to cease beating. I have tried Dr. Perkins' remedy in unyielding os, with success. I have used quinine in pneumonia for ten years with success, but I am cautious in its use in typhoid pneumonia. I do not believe in leaving the placenta under any circumstance. Please to let the Profs. crack this nut.

Last July I took from Mrs. T., a small fibroid tumor. September 6th I was called in haste, and found a six months child born though she is fifty-seven, and it is eleven years since she had one. Before the placenta was delivered there came about one pound of soft myoma, then the placenta all right, and on top of that about one pound more, then a slight hemorrhage. The child died in a few hours. The lady is now all right. Now could she have gone to term time and been delivered of a living child?

Will the cervix tear again? Yes. I delivered a lady of a 12¾ lbs. child, and the cervix had been lacerated before, but this time not so bad as at first. It is now well and she is hearty and sound. Success to THE WORLD.

Richland, Fla. J. M. ABBOTT, M. D.

Amenorrhœa.

Editor MEDICAL WORLD:

I have a case on hand and would like to ask you and the readers of your journal for cause and treatment. A young lady, aged 15 years, came under my care last April. In June, 1885, she menstruated for the first time, with no difficulty. From that period to June, 1886, she only menstruated three or four times, irregularly. There has been none since last date. She is well nourished, cheerful, and appears to enjoy perfect health. Her parents are very anxious for her to have her periods regular. What is the best treatment for her case? I have given her some of the best tonics known. Have been very careful in regard to giving strong emmenagogues. THE MEDICAL WORLD is a real gem, full of practical knowledge.

Rock Bluffs, Neb. E. E. REYNOLDS, M. D.

[As long as the girl's health is unaffected, our advice would be to let her alone. Such cases very frequently offer a first class chance for a physician to get in an ugly scrape. Assure the parents that it is by no means unusual for such young girls to be irregular, and that no harm results thereby.—ED.]

Quiz Column.

Questions are solicited for this Column. Communications not accompanied by the proper name and address of the writer (not necessarily for publication), will not be noticed.

Editor MEDICAL WORLD:

Will you, or some of THE WORLD'S family, give the most successful treatment for milk leg following child-birth, of six years standing; leg swollen and red to the knee, and a thin, unhealthy discharge from the ulcer, which is about the size of a silver dollar?

Woodland, Ill. J. C. MOLLYNEAUX.

Editor MEDICAL WORLD:

Will some one of your thousand contributors give formula for "Blackman's Balsam?" What would we doctors do if there wasn't a WORLD? Long live THE WORLD!

Alexanderville, O. J. F. WUIST, M. D.

Editor MEDICAL WORLD:

Please publish formula of Lafayette Mixture.

Malcomb, Ill. P. H. DELANEY.

[See June number, page 219.]

Editor MEDICAL WORLD:

Could you not publish a reliable formula for preparing "Matzoon?"

G. M. FOSKETT, M. D.

Editor MEDICAL WORLD:

Can you give the formula for Williams' Indian Ointment in your next issue?

The more I read THE WORLD the better I like it.

Craig, Neb. DR. C. E. CLARK.

Editor MEDICAL WORLD:

A homœopathic physician of this place is in the habit of prescribing some medicine, which seems to have the curious property of breaking the glass in which it is placed. At least, before his second visit the goblet is found to be broken; whereupon he always informs the family that he forgot to tell them, but that the medicine should have been put in a cup, as it *always* breaks the glass.

Then he changes the medicine.

Do you know of any drug which has this effect, or does he simply seize the circumstance of a glass being accidentally broken to mystify his patients, and make them think his remedies are fearfully powerful? REX.

[We know of no drug which has the effect described, and incline to the belief that the last explanation is the true one. Can any of our readers throw any light on the subject?—ED.]

Editor MEDICAL WORLD:

Can the editor or any of the subscribers give a good treatment for whooping cough? Is there any prophylactic?

How young can a child be afflicted by worms (round)? S. J. S.

[We have been using inhalations of burning-gas lately with good effect.

We know of no prophylactic. If any of our readers know of one we will be glad to hear from them.—ED.]

Editor MEDICAL WORLD:

Can you publish the formulas of Aletris Cordial (Rio Chemical Co.), Thomas' Electric Oil, and Trask's Magnetic Ointment.

Buffalo, N. Y. DR. H. MORTIMER.

THOMAS' ELECTRIC OIL.

Gum camphor		
Oil gaultheria		
Oil origanum	ää	ʒiv.
Chloroform		
Tr. opium		
Oil sassafras		
Oil hemlock		
Oil turpentine		
Balsam fir		

Tr. guaiac .....
Tr. catechu .....āā.... ℥j
Alcohol ..... Ojv
Alkanet, q. s. to color.

TRASK'S MAGNETIC OINTMENT.

Lard .....
Raisins .....
Tobacco (fine cut) .....
Equal parts of each.

Simmer well together, strain and press out.

[We have not the formula for Aletris Cordial at hand.]

FORMULÆ.

For Whooping Cough.

℞ Ext. castaneæ fl .....f ℥ iij

S.—For a child five years old, a teaspoonful every two hours for three days. During the night, give a dose after each paroxysm. A few grains of bromide of potash may be added to each dose. (*Gerhard.*)

For Hemorrhage (ad deliquium.)

℞ Ammon. carb ..... ℥ ij
Tr. opii deod .....f ℥ jss
Ext. glycyrrh. fl .....f ℥ vj
Aquæ dest .....q. s. ad f ℥ vj
M. S.—f ℥ ss every two hours. (*Carson.*)

For Acute Rheumatism.

℞ Sodii bicarb ..... ℥ j ss
Potas. acetat ..... ℥ ss
Liq. ammon. acet .....f ℥ iij
Aquæ dest .....f ℥ jss
M. S.—One dose. To be taken in effervescence, with—
℞ Acid citric .....℥ ss
Aquæ dest .....f ℥ ij
M. (*Fuller.*)

This should be repeated six times a day until the attack is broken, and then reduced gradually. No method of treating acute rheumatism has ever been found as effectual as this in preventing cardiac disease.

The full amount must be given to produce this result.

For Dropsy from Bright's.

℞ Chloroformi .....f ℥ ss
Acid. benzoici ..... ℈ ij
Potas. acetat ..... ℥ vj
Aquæ .....q. s. ad f ℥ vj
M. S.—f ℥ ss in water every four hours. (*W.*)

For Cardiac Dropsy.

℞ Quininæ sulph .....gr. xl
Ferri sulph. exsic .....gr. xx
Digitalis pulv .....gr. x
M. Ft. mas. et in pil. no. xx div.
S.—One pill twice a day. (*W.*)

For Gonorrhœa.

℞ Sodii bromidi ..... ℥ jss
Potas. acetatis ..... ℥ ij
Ext. gelsemii fl ..... ℥ j
Syrupi .....f ℥ j
Aq. camphoræ .....ad f ℥ iv
M. et sig. f ℥ ss in a glass of water every four hours for ordinary cases.

℞ Sod. et potas. tart ..... ℥ j
Vin. antimonii .....f ℥ ij
Tr. verat. virid .....f ℥ ss
Morphinæ sulph ..... gr. ss
Syrupi .....f ℥ jss
Aq. amygd. amar .....q. s. ad f ℥ vj
M. et sig. f ℥ ss in a glass of water every four hours, for inflammatory cases. (*Mitchell.*)

For Dry Eczema of the Scalp.

℞ Acid. salicylici .....gr. xx
Ol. lavandulæ .....f ℥ iijss
Ol. citronellæ .....f ℥ ss
Ol. pini sylvest .....f ℥ ij
Ol. ricini .....f ℥ jss
M. S.—Apply a few drops to the scalp, and rub in gently. (*Piffard.*)

For Diarrhœa.

℞ Tr. opii deod .....f ℥ ij
Acid. sulph. arom .....f ℥ iv
Ext. hæmatox. fl ad .....f ℥ iij
M. S.—f ℥ j in water after each passage. (*W.*)

For Bed Sores.

℞ Camphoræ ..... ℥ ss
Mucil. acaciæ .....f ℥ j
Aquæ .....f ℥ iv
M. S.—Shake well. Dress the sore with pledgets of lint dipped in this solution. (*Garrigues.*)

For Spinal Irritation.

℞ Strychninæ sulph .....gr. j
Quininæ sulph .....
Ferri pyrophos .....āā.. ℥ j
Acid. phosphorici dil .....
Syr. zingiberis .....āā..f ℥ ij
Ft. sol.
M. S.—f ℥ j in a glass of water after each meal. (*Hammond.*)

For Acne Rosacea.

℞ Ext. ergotæ .....gr. v
Ung. zinci oxid ..... ℥ j
M. S.—Apply locally.
℞ Aloin .....gr. ij
Tr. nucis vom .....gtt. lxxx
Tr. gentianæ comp .....f ℥ v
M. S.—f ℥ j thrice daily. (*Shoemaker.*)

For Prurigo.

℞ Chloralis hydrat .....℥ jss
Aq. lauro-cerasi .....P. B...℥ ss
Aq. dest .....℥ ijss
M. Fiat lotio. Very efficacious in rebellious cases.

For Diphtheria.

℞ Sodæ benzoat .....℥ j
Potass. chlorat .....℥ s
Potass. bromidi .....gr. -
Glycerinæ .....℥
Aq. dest. ad .....℥ j

One teaspoonful every hour. This treatment to be preceded by an emetic, and accompanied by carbolic inhalations, and the constant application of a saturated solution of benzoate of soda around the throat.

This treatment comes recommended from the hospitals of Buenos Ayres.

Carl L. Jensen

Sole Originator of

Pepsin in Scales

OR

"Crystal" Pepsin

2039 Green St.
Philadelphia

Special Notice to Physicians.

Physicians desirous of obtaining the genuine article, when prescribing Scale Pepsin or "Cryst." Pepsin, will not alone lend their aid and encouragement to the inventor, but will benefit themselves and patients as well by simply prescribing this Pepsin thus: "**Jensen's** Pepsin," drawing a heavy line under the name "**Jensen.**"

The profession generally takes it for granted that druggists are well aware that the physicians never intended to prescribe the imitations of preparations of established merits, which are brought to light solely through the knowledge and technicalities of the inventor or originator, acquired by protracted study and experiments. Imitations have never yet been known to supersede the article imitated, but furnish most convincing testimony to the worth of the article counterfeited. I am continually improving this valuable preparation. Besides its enormous digestive strength, it possesses a keeping quality not before found in any Pepsin preparation, owing to its being of a brittle, scaly texture, reduced to the shape of small granular fragments, it is perfectly soluble and pulverizes easily. It contains no foreign matter like preparations of other make, as Pepsin Manufacturers, heretofore, could not accomplish this without adding large quantities of either starch or sugar of milk.

Physicians who have not yet tried this preparation, or who have been imposed upon, will meet with gratifying results by simply prescribing this Pepsin, thus: "**Jensen's** Pepsin," as it will prevent substitutions.

Samples promptly forwarded, post paid.

Faithfully,

CARL L. JENSEN,
2039 Green St., Philadelphia.

KIDDER'S
CRUST
PEPSIN

—(PURE.)—

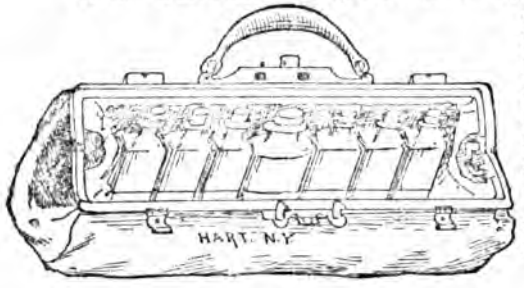
This concentrated animal ferment, prepared by a new process, possesses superior digestive power, is unalterable, and guaranteed free from sugar of milk, salt, acids, or other adulterants.

One grain will dissolve 1200 to 1500 grains of coagulated egg albumen.

FOR SACCHARATED PEPSIN, U. S. P., 1880.
Powdered Crust Pepsin, 1 part. Powdered Sugar of Milk, 19 parts.

WM. F. KIDDER & CO.,
MANUFACTURING CHEMISTS,
NEW YORK.

THE ONLY
GYNÆCOLOGICAL AND OBSTETRICAL BAG
In the World containing 2 oz. Bottles (7) thoroughly protected from breaking



on sides and bottom. Chamois lined. Made of best grained leather. Pat. brace to hold bag open. Pat. catches. Round handle. Long pocket on opposite side, $4.50 net. Takes forceps 15½ in. long. Extra size holding forceps 16½ in. long $5.00 net. The ***ONLY MEDICINE BAG*** in the world with trays for $7.00, holding 32 ozs. of medicines, the contents of which can be shifted by an unlimited number of changes. It is also the most durable bag made.

A. HENRI HART,
Price-List Free. 158 EAST 26th STREET, NEW YORK.

DR. LIEBREICH'S LANOLINE;
A NEW BASE FOR OINTMENTS AND SALVES.
U. S. Patent, No. 271,192. Dated, January 23d, 1883.

Beware of a crude woolfat of bad odor and of a dark color sold as Lanolin, and under similar names.

LUTZ & MOVIUS, Sole Agents,
15 Warren St., NEW YORK.

Dr. KNORR'S ANTIPYRINE, The New Febrifuge.

URETHAN, The New Hypnotic.

—SEND FOR CIRCULAR.—

For Phthisis.

℞ Eucalyptol.....ʒ j
Ol. morrhuæ.....ʒ xij
M. S.—Two or three teaspoonfuls daily.
—*Dr. Dujardin-Beaumetz.*

For Chronic Catarrhs.

℞ Petrolei mass.....ʒ j
Pulv. cubebæ,
Pulv. ipecac. comp.....ãã.....ʒ ss
Pulv. sanguinariæ.....ʒ ss
M. Ft. mas. et in pil. ccl., div.
S.—Three to five pills daily.
(*Indiana Med. Journ.*)

For Diphtheria.

℞ Potas. chlorat.....ʒ j
Acid. hydrochloric.....fʒ jss
M.—et adde.,
Tinct. ferri. chlorid.....fʒ ij
Aquæ. q. s., ad.....fʒ iv
S.—A teaspoonful to be taken every two hours; with no water, although a little water should be taken *before* each dose.

In case children object to the taste, syrup of sarsaparilla may be substituted for the water in the prescription.

The Four C's; An Alterative.

Arsenici chloridi.....gr. j
Ammonii chloridi.....ʒ ij
Tinct. ferri chloridi.....fʒ jv
Hydrarg. bichloridi.....gr. jss
Aquæ destillatæ, ad.....fʒ iij
M. S.—fʒ j, in water, three to six times a day.

For Chronic Liver Diseases.

Ammon. chlorid.....ʒ ij
Acid. nitro-muriat.....fʒ ij
Aquæ., q. s., ad.....fʒ iij
M. S.—A teaspoonful in water before each meal.

The same mixture, but with half the water, to be painted over the region of the liver three times daily.

[This is an old "Navy" formula, and is well known to every surgeon who has served in the Navy. It has a well-earned celebrity in the treatment of chronic hepatic derangements, especially such as are due to alcohol or to tropical heat. It should not be continued more than a week.—ED.]

Formula for Syrup of Hypophosphites Comp.

Calcii chlorid.....gr. 3
Ferri lactat.....gr. 0.5
Magnes. hypophos.....gr. 1.0
Ammon. hypophos.....gr. 0.5
Potass. hypophos.....gr. 0.5
Sod. hypophos.....gr. 1.5
Mangan. hypophos.....gr. 0.25
Quin. chlorid.....gr. 0.25
Strychniæ.....gr. 0.01
Acid. hypophos.....q. s.
Alcohol.....q. s.
Acid. citric.....q. s.
Syrupi.....q. s.
f. et ft., fʒ j.
S.—One teaspoonful before each meal and at bed time, in cold water.—*Polyclinic.*

Wizard Oil.

Editor MEDICAL WORLD:

The following is a fair analysis of Hamlin's Wizard Oil. The formula dates back to 1866, and hence is not a new discovery. It is a perfect fac-simile:

℞ Alcohol.....1 pint
Gum camphor.....1 oz.
Oil sassafras.....½ oz.
Tr. myrrh.....½ oz.
Tr. capsicum.....½ oz.
Aqua ammonia.....½ oz.
Chloroform.....½ oz.
M. S.

I regard this recipe as harmless (and useful too), as Hamlin's famous Wizard Oil, and I believe it as perfect an analysis as we can get. I send it for the information of the readers and subscribers of THE MEDICAL WORLD.

Palestine, Texas. J. WEBB DOUGLAS.

Moxie.

From that excellent journal, the *American Analyst*, we learn that Francis Wyatt has analyzed Moxie with the following result.

One hundred parts by weight when distilled were found to contain three-fourths per cent. alcohol and one-fourth per cent. of the essential oils of sassafras, wintergreen and anise. The residuum in the retort was evaporated to dryness, and contained 7.880 per cent. of extractive matter, consisting of—

Sugar,.....3.810	Sassafras,.....	1.870
Glucose,.....1.250	Gentian,.....	
Sodium Carb,..1.070	Checkerberry,....	
	Quassia amara,...	

The latter existed in the original as infusion, mixed in proportions to allow the sassafras to preponderate. A twelve ounce bottle would require about one drachm each of powdered gentian and quassia, fifteen minims of the oils of sassafras, gaultheria and anise, a drachm of alcohol, the same amount of soda, seventy-five grains of glucose, and half an ounce of sugar, with water slightly impregnated with carbonic acid gas, to make up the amount.

Dr. Wyatt adds that the results of his investigation shows the mixture to be simply a mild, inoffensive tonic, an agreeable drink, incapable of exerting the slightest action on the brain or the nervous system.

[Of its harmless character I can testify. One of my patients, for whom it had been suggested as a beverage, procured by mistake a quart bottle of the "double extract," used at the soda fountain. She drank the whole of it during a few hours, without any bad effects following.—ED.]

Lee's Gravel Remedy.

℞ Sapo. Venet. ..... ℥ iv
Sal. niter pul. iv
Oil junip. iv
Gum arabic pul. ..... j
Sal absynth ..... ʒ j

Beat into a mass.

Sig—One pill 3 times a day on an empty stomach.

Drink *dandelion tea* for a constant drink—"*nothing else.*" Keep the mass entirely excluded from the air, in a bladder or wide mouth bottle covered with oiled silk. Pills to be made of the size of a buck shot.

Rogers' Excelsior Liniment.

℞ Oil wormwood ..... 1 oz.
Oil origanum ..... 1 oz.
Oil hemlock ..... 1 oz.
Castile soap ..... 1 oz.
Gum camphor ..... ½ oz.
Sal. ammonia ..... ½ oz.
Carbonate ammoniac ..... ½ oz.
Alcohol ..... 1 qt.

In severe cases bathe the parts affected several times a day.

For rheumatism, lameness and pains generally. L. T. ROGERS.

Lee's Anti-Bilious Pills.

℞ Calomel ..... 30 grs.
Jalap ..... 60 grs.
Gamboge ..... 12 grs.
Tartar emetic ..... 3 grs.

Beat into a mass and make into 24 pills, mix with gum arabic or extract of dandelion.

Dose 3 to 5 pills as a purgative.

By substituting podophyllin in the place of calomel (same quantity) it makes a safer and better pill for common use. Dose 2 to 3 pills.

Green Wonder Oil.

℞ Terebinth. Venet. ..... oz. iv
Zinci sulphat. ..... gr. xv
Cupri acetat ..... oz. ss
Bals. Peru ..... ʒ j
Ol. olivæ .....
Ol. lini ..... āā ..... lb. j

Boil the oils, when warm add the turpentine and zinc; when almost cold add the other ingredients and stir well. For scalds, burns, wounds and piles.

Augsburg Essence of Life.

℞ Rad. rhei ..... j
Myrrhæ ..... ij
Rad. gentianæ ..... ij
Croci opt. ..... ss
Camphor ..... ss
Rad. zedoar ..... j
Rad. angelicæ ..... ijss
Castor ..... ss
Aloes. Socot ..... ʒ ij
Sp. vini rect .....
Aquæ ..... āā ..... O ij

M. Digest five days, and filter.

S.—A teaspoonful twice a day.

Yellow Family Drops.

℞ Opii ..... ℥ ij
Sapo. Venet. ..... lb. j
Croci opt ..... ℥ ijss
Sp. rosmarini ..... lb. ij

M. Digest for a week, and add:

Ol. rosmarin ..... f℥ ij
Ol. origani ..... f℥ ij
Camphoræ ..... ʒ ij

Misce bene.

For sp. rosmarini, take:

Rosmarini ..... ℥ iij
Alcohol q. s., ad ..... lb. ij

[The three above are famous old formulæ used for a century and longer in Pennsylvania. They came to me by chance, in a curious old book of prescriptions which belonged to one of the Fahnestock family.

The yellow family drops are still used to break up colds. Given in doses of a teaspoonful it is a most disagreeable but really efficient remedy.—W. F. W.]

Dr. Smedley's Fever Powders.

℞ Camphor gum ..... ½ oz.
Gum myrrh ..... ½ oz.
Blood root ..... 1 oz.
Lobelia (seeds, pods and leaves) ..... 2 oz.

All pulverized fine and well mixed.

For colds and to break a fever in its first stages, in powders of ordinary size.

For catarrh in the head use as a snuff.

Sweet's Celebrated Ointment.

℞ Skunks' oil ..... ½ pt.
Angle worms ..... 1 pt.
Water ..... ½ pt.
Bitter-sweet ..... 1 handful.

Simmer well together and strain. Apply to the cords.

This and the following were used by the Sweets, a celebrated family of Connecticut bone setters.

Sweet's Approved Strengthening Salve.

℞ Rosin ..... large proportion.
Mutton tallow ..... small proportion.

Make of proper consistency for spreading, and add belladonna sufficient to color deep. If it occasions humors, strew over it a little Burgundy pitch.

REVIEWS.

Purpura Hæmorrhagica. By Frank Woodbury, M. D., Philadelphia.

An excellent little monograph, well worth the trouble of sending to the author for a copy.

The Treatment of Gonorrhœa and its Sequelæ. By Chas. L. Mitchell, M. D., 1016 Cherry St., Philadelphia.

The author is a physician who has had unusual opportunities to study the diseases of which he treats, and has brought unusual talent to that study.

In the pamphlet before us, he carefully distinguishes between true gonorrhœa, and the inflammation excited in an unhealthy urethra by non-specific causes.

Preventive injections he mentions only to pronounce a deserved condemnation.

He cautions patients particularly against the use of beer.

He makes a strong plea for the use of his soluble bougies, instead of copaiba and injections. The book will be sent to any one who desires it.

The Physician's Leisure Library. Published by Geo. S. Davis, Detroit. 25 cents each, or $2.50 for twelve.

The volumes issued since our last notice comprise the following:

The Modern Treatment of Eczema. By H. G. Piffard.

This is a good work, written by one who has studied his subject carefully. His views are peculiar—all the more interesting. He has faith in arsenic, viola tri-color, and sulphide of lime, alone among internal remedies.

Antiseptic Midwifery. By H. J. Garrigues.

A strong plea for antiseptic injections after confinement.

We don't like the injections in family practice, but after reading Dr. Garrigues' book, are not prepared to deny that they may be proper in lying-in hospitals.

Spinal Irritation. By W. A. Hammond.

Is it this author's experience in the field of romance which makes his scientific works so delightful? Or is it rather his strong individuality and hopefulness which inspires the same sentiment in his readers? Certain it is, that when one takes up one of Hammond's books he cannot lay it down until he has finished it.

The *Journal of Comparative Medicine and Surgery* comes to us in a new dress, with external and internal evidences of a reorganization which has been for the better. Dr. Huidekoper joins the editorial staff; the management is placed in the hands of Dr. Hummel, while the honored name of Prof. Leidy heads the list of collaborators.

We do not see how any man interested in live stock can afford to do without this excellent journal.

We are informed that the J. B. Lippincott Co. are preparing a new and handsome edition of the very popular works of John Darby (James E. Garrettson, M. D.). The delighted readers of "Odd Hours of a Physician," and other leisure writings of this modern philosopher, will now have the opportunity of procuring the whole set in a uniform edition.

A Manual of Animal Vaccination. By Dr. E. Warlomont, Director of the Institute de Belgique. Translated by A. J. Harries, M.D. An octavo volume of 150 pages, published by John Wyeth & Brother, Philadelphia.

It contains a full and most interesting account of the researches concerning the preservation and use of animal vaccine virus, which has made the Belgian Institute world-famous.

We were Vaccine Physician in this city for five years, in which time we vaccinated over ten thousand persons; and we really thought there was little to be learned concerning vaccination which we did not know already. But we found so much to interest us in this little book, that we feel like recommending it to our readers.

Mr. Wyeth will send it to any address on receipt of the postage alone. We believe in this country four cents is sufficient.

The recent experiments upon the cultivation of vaccine virus in mushroom jelly are watched with much interest by us, and we will give the results to THE WORLD whenever they have arrived at a stage to make them of practical utility.

Physicians' Visiting List. Lindsay & Blakiston's, 1887. By P. Blakiston, Son & Co., Philadelphia.

We are in receipt of the above for 1887, and take pleasure in recommending it as a neatly gotten up and highly serviceable pocket companion. It contains all the usual tables and information that we seek in such a work, and its arrangement for the purposes of daily practice is complete. The memoranda on new remedies constitute a valuable feature, as also the brief but trenchant notes on urinary examination. We fully concur with the author in substituting acetic for nitric acid to acidulate the urine, when testing for the presence of albumen.

SPECIAL NOTICES.

The price of Parvules has been reduced. In order to induce physicians to begin their use, particularly young practitioners, Messrs. Wm. R. Warner & Co. sell a pocket medicine case filled with parvules, charging only for the parvules The case is excellent in every particular—the best we ever saw. Don't neglect this opportunity to get a good pocket case.

The Survival of the Fittest.

One thing seemed certain, namely, that something must be done, and that right quickly.

I had tried to build up a practice, but the elements of success didn't seem to be in the business.

Grove City was a sleepy little country village, which, with its circuit of seven miles in each direction, contained a thousand people. To attend these sturdy farmers, who never got sick, there were four of us; though one was enough.

To be sure, Robinett was getting old, but he never let a cent slip through his fingers. Parker had his son to help him, and they left mighty little for me. The others had means outside of their practice, but I had none. So as I had no one but myself to depend upon, it looked as if in the struggle for existence *I* was the unfittest, and would be crowded out.

Well, thank Heaven, I had not tied myself to a petticoat yet, and as I could clean up for a few hundreds still I could strike out for another location before my little all had been wasted in a hopeless struggle.

Having arrived at this satisfactory conclusion, I lit my pipe, settled back in my chair with my feet on the table, and prepared for a comfortable evening with THE WORLD.

I turned the pages over lazily until I came to the special notices. Funny, isn't it? But I always read them first. Don't know why, unless it is curiosity to see how they will be put next, as the editor seems to have a new scheme every month.

That time it was "An Experiment;" and it set me to working out a new train of thought. Of course it was only a romance—they never intended anyone to think it really occurred.

But might not the experiment be tried really? Suppose a man were to provide himself in some way with something which would give him an advantage over his competitors. Would he not have a chance to crowd *them* out?

After all, I had certain advantages of my own, and when people get sick they don't always send for one man because he is old, or another because he has a farm, or another because he is the lazy son of an ignorant father. And besides, I was very well aware that the struggle for existence was felt at other places besides Grove City; and that the man who allows himself to be crowded o-

of one place stands a pretty good show of being served the same way again.

Yes, if I had some decided advantage over them I might win the battle myself.

I looked around my dingy little office, half lit by the grimy lamp. Scanty furniture, bare floors, walls bare except for a framed diploma and quiz certificate, saddle and bags thrown carelessly in a corner. That was all, except the shelves with rows of shabby books, and bottles with yellow labels which showed their contents to be Pulv. Rhei., Sp. Aeth. Nit., Potas. Nit., etc. Not very enticing, and as I surveyed the dusty jars it struck me that I had never seen any of my patients show much eagerness to become more intimately acquainted with these master-pieces of our art.

Nor had any of them seemed impressed with my superhuman talents, except one lady, who remarked that for horrible doses I certainly "took the bun." The thought struck me, suppose I send for a lot of those samples, and if they pan out as well as C. M.'s did, I will give the Parkers a haze yet.

In a moment I was seated at the table writing for dear life. I made one change in the programme, in writing letters on my own printed paper instead of on postals. I think people pay more attention to a letter, and send better samples.

After sending off my mail, I laid my plans and went to bed, quite eager for the results of my experiment.

Well, the samples came in, and I went to work. I will not bother about the failures, for of course there were some, but I will jot down the successes as they occurred, giving each day's experiments by itself.

Monday: (1) Found that Emerson's Albumenoid Food was just the thing for a case of marasmus from gastro-intestinal catarrh. Child, aged two years.

(2) Found that Jensen's Pepsin completely relieved indigestion of meats, in a man of 35.

Mem: Cure a dyspeptic and he's worth a mint to you.

(3) Found that Reed & Carnrick's Soluble Food just suited a man who had severe gastric catarrh remaining after cholera-morbus. Rare case. Barely pulled through.

Mem: The food saved his life. Try it.

(4) Found that when a child with marasmus can't take food or medicine, the best plan is to rub the body daily with Baker's cod liver oil.

Mem: Try it on adults.

Tuesday: (5) Found that when a lady can't take the tincture of iron, we can cure her chlorosis by giving Colden's Liquid Beef Tonic, in wineglassful doses.

Mem: Good thing after diphtheria.

(6) Found that Keith's avena will cure "getting-up-as-tired-as-when-I-went-to-bed," if a dose be taken at bedtime, in hot water.

Mem: Wish he would print the dose on his bottles.

(7) Found that Lithiated Hydrangea will remove irritability of the bladder with neatness and despatch.

Mem: Think it improves the complexion; will notice closer next time.

(8) Found that rheumatics are easily cured by Faradisation, and that the best way is to get the patient a Smith & Shaw pocket battery and teach him to use it.

Mem: Runs forever and for almost nothing; a dime's worth of mercury lasts six months.

(1) Emerson Manufacturing Co., 43 Park Place, N. Y.
(2) Carl L. Jensen, 2039 Green St., Phila.
(3) Reed & Carnrick, 6 Harrison St., N. Y.
(4) J. S. Baker & Co., 8th and Filbert St., Phila.
(5) C. N. Crittenton & Co., 115 Fulton St., N. Y.
(6) B. Keith & Co., 75 William St., N. Y.
(7) Lambert Pharmacal Co., 116 Olive St., St. Louis, Mo.
(8) Smith & Shaw Elect. Co., 435 Seventh Ave., N. Y.

(9) Found that Seabury & Johnson's belladonna plasters relieve neuralgia in a way that is surprising to those who never tried their make of plasters.

Mem: Send to them for a sample of hydronaphthol.

(10) Found that Hayden's Viburnum will stop a dysmenorrhœa, or that peculiar tendency to abortion which occurs in dysmenorrhœic women.

Mem: Try it instead of valerian.

Wednesday: (11) Found that for nervousness, irritability with weakness, Erythroxyline is a capital thing.

Mem: Try it for the next case of nervousness in a bride or groom.

(12) Found that for a lacerated cervix, with cervical catarrh, Ominico, used after the thorough cleansing which only seems possible when Molesworth's Syringe (13) is used, gives prompt relief.

(14) Found that one of Staufer's supporters gives relief in a case of complete procidentia, in a stout and relaxed woman. The only thing she ever had which would keep her womb in her body.

(15) Found that Hart's instrument bag is a necessity to a country doctor, and that his dilators will open up a rigid os without slipping out like the Barnes.

Mem: If anything beats THE WORLD as an advertising medium, it's a washerwoman.

(16) Found that Bovinine is the thing to hold up a woman after confinement.

Mem: Why wouldn't it be a good thing in convalescence from typhoid fever?

(17) Found that Acid Mannate is the laxative. No more castor oil in my practice, for I can't afford to lose the children's regard.

Mem: Try it in early phthisis.

(18) Found that there really is a safe method of treating gonorrhœa of pregnant women; though tampons and injections are apt to cause abortion. Mitchell's vaginal suppositories will do the work.

Mem: That's the *best* way to treat ophthalmia neonatorum—prevent it.

(19) Found that one of the best investments I ever made was a box of Gedney's empty capsules. No more nasty powders!

Thursday: (20) Found that a good way to stop a bad breath from bringing on a divorce suit, is to cure his catarrh with some of the Western Suppository Co's nasal bougies.

(21) Found that you can't make peaches and cream out of copaiba, but you can cover it up in Planten's old reliable capsules, that never fail.

Mem: Why don't Planten put up camphor mono-bromide for us?

(22) Found that people who shudder at the thought of cod liver oil take Lœflund's cream emulsion by the tumbler full, and never wink.

Mem: My landlady's baby got hold of a sample bottle and drank it all before I had a chance to try it.

(23) Found that Maltine relieves the enormous num-

(9) Seabury & Johnson, N. Y.
(10) W. R. Hayden, M D, Bedford Springs, N. Y.
(11) Quichua Coca Co., Box 105, Station W, Brooklyn, N. Y.
(12) S W Neuer & Co., 10 Cedar St., N. Y.
(13) Dr. Molesworth & Co., 69 Gold St, N. Y.
(14) S. S Staufer, M.D, 624 Franklin St,, Phila.
(15) A. H. Hart, 158 E 26th St., N. Y.
(16) J. P. Bush Mfg. Co., 2 Barclay St., N. Y.
(17) Rio Chemical Co., St Louis.
(18) C. L. Mitchell M D. & Co., 1016 Cherry St., Phila.
(19) J W Gedney, 203 E. 88th, N. Y.
(20) Western Suppository Co, Chicago, Ill.
(21) H. Planten & Son, 224 William St., N. Y.
(22) M. J. Breitenback, 61 Bowery St, N. Y.
(23) Maltine Mfg. Co., 182 Fulton St., N. Y.

[*Continued over next leaf.*]

Bromo Soda.

GENTLEMEN:—My attention has been called to your recent preparation entitled "Bromo Soda." It was, I believe, first prepared by you partly at my suggestion. It consists of the Bromide of Sodium, and of the Hydrobromate of Caffeine, in the proportions of thirty to one. It is designed, as I understand, not only to allay nervousness but by means of the combination of the Caffeine with the Bromide, to counteract the depressing effect of the latter. I have carefully considered the separate and combined effects of these drugs, and can, as I do, heartily commend the preparation you have made and offer for the use of the medical profession. After a long and careful experience with the various Bromides in the treatment of those affections of the nervous system that embrace unhealthily exalted reflex excitability, and in general nervousness. I have arrived firmly at the conclusion, that the Bromide of Sodium is as valuable as any member of its class as a *Bromide*, and is greatly preferred, as compared with the Bromide of Potassium, on account of the greater toxic or poisonous effect of Potassium salts, upon the human organism, as compared with those in which Sodium is the base. In the vast majority of cases in which the Bromides are used the vigor of nutrition is already lowered. It is, therefore, a matter of very considerable consequence to select that particular member of this important group of therapeutic agents that, while it secures the depressing or quieting effect desired, nevertheless exercises in the way of pernicious influence the least on the vigor of nutrition, or in the other words the reparative power of the body. I am thoroughly clear in my mind, that the Bromide of Sodium should be substituted for the more commonly, and, as I may say almost universally, employed Bromide of Potassium. I feel so strongly in this matter, that I am more than willing to make this the occasion for stating clearly, and at length, my views, with the hope that for the benefit of the vast mass of nervous invalids, for whom these agents are prescribed, they may have the slight but decisive advantage that will result from the proposed change. If you shall be able to exert a favorable influence in affecting this through the manifold channels at your disposal, the change I feel so certain ought to be made, you will confer a boon of no small degree upon nervous invalids.

Most respectfully yours,

WM. R. WARNER, Philadelphia, Pa.
J. S. JEWELL, M.D., Chicago, Ill.

Oct. 28th, 1886.

TO DOCTORS PRESCRIBING:

SICK HEADACHE AND BRAIN FATIGUE QUICKLY CURED BY WILLIAM R. WARNER & CO.'S EFFERVESCING

BROMO SODA

(WITH CAFFEINE)

℞ Caffeine hydrobrom.,.....gr. j
Bromo soda,.....gr. xxx

Useful in Nervous Headache, Sleeplessness, Excessive Study, Over Brainwork, Nervous Debility, Mania, Etc.

DOSE.—A heaping teaspoonful in half a glass of water, to be repeated once or twice after an interval of thirty minutes, if necessary. It is claimed by some prominent specialists in nervous diseases, that the Sodium Salt is more acceptable to the stomach than the nice Potassium. An almost certain relief is given by the administration of this Effervescing Salt. It is also used with advantage in DIGESTION, DEPRESSION following alcoholic and other excesses, as well as NERVOUS HEADACHE. It affords speedy relief for MENTAL and PHYSICAL EXHAUSTION.

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SUPPLIED BY ALL LEADING DRUGGISTS.

ber of dyspeptics who can't digest vegetables, but fatten on meat.

Mem: Try it just once in corpulency. Thorough digestion does not produce low-grade tissues like fat.

(24) Found that the Lady's Syringe is the *only* one which allows thorough application of medicated solutions to the vagina.

(25) Found that Procter's pepsin is as good as ever.

Mem: Can't say more than that.

Friday: (26) Found that Murdock's Liquid Food does away with the objections to beef extracts; as the former contains an enormous amount of albumen.

Mem: It will do all the good in phthisis which could be obtained by going to the slaughter house and drinking blood.

(27) Found that Beseler will sell an oxygen apparatus at a reasonable price.

Mem: Oxygen's all the rage.

(28) Found that when called up in the night to attend a confinement, when every bone aches with fatigue, its a good plan to have some of that excellent tonic coca wine of Llewellyn's handy.

Mem: Try it in gastralgia.

(29) Found that Lutz & Movius supply the purest lanolin for ointments.

Mem: They have urethan now.

(30) Found that Dr. Wray had really found a good thing in his automatic door-plate indicator.

Saturday: (31) Found that Gregory's syrup of licorice covers the taste of quinine most admirably.

(32) Found that Griffith has managed to make even guaiac palatable.

Mem: Will wonders ever cease?

(33) Found what I had lost by not getting a Physician's Chair from Knell a little sooner.

(34) Found that the Master Stocking enabled me to cure a chronic varicose leg-ulcer of ten years standing.

(35) Found that it was a red letter day for me when I glanced at Hasting & Garson's advertisement.

Saturday night; Well, I was just cogitating over the results of my experiment when bang! went something over at the hotel, and in a minute I heard some one calling me. I found that Squires had been trying to encourage the fire with a little coal oil, and had blown the stove down. One of the boarders was badly hurt by a piece of the pipe which struck him in the eye. I got the soot washed out, and having my Parke, Davis & Co.'s case of hypodermic tablets in my pocket, I injected a little morphine and atropine in his arm. A lady occupying a room up stairs was very badly frightened by the cloud of soot which burst into her room from the chimney. However, a slight examination proved to her anxious husband that Jenny was not injured, and that Charlie's fears were groundless. I left her a bottle of Llewellyn's coca wine. The net results of the week were a marked increase of my business, and of my patients interest in me.

They seemed to expect something new and agreeable when they came to see me, and they got it. I found that I was becoming an object of interest; was talked about at the barber shop, the hotel (good Mrs. Squires was an old and valued friend, and never let me suffer for want of a good word) and people treated me with more respect. But the most singular part is to come.

The man whose eye I operated dropped in to see me. I had just got a Wallian oxygen apparatus, because I'm a little subject to asthma. He was also a victim, and after agreeing as to the worthlessness of all the known remedies, he became greatly interested in my apparatus. He was looking for a location to open a large school; and, partly, I believe, from the liking he took to me, he decided to come to Grove City. And so he did; and soon three hundred students were added to our population. One of these had a taste for geology, and discovered a valuable out-crop of coal near the town. That brought the railroad; and to make a long story short, Grove City is now a bustling thriving town of several thousand. Instead of crowding each other out, there is plenty of work for all four of us, and several more. I am physician of the college, drive my Lutz two wheeler (which is a snap at $55.00 and don't you forget it), for ten miles around, and am prospering. I laid in a stock of Warner's pills and parvules, of Stearns' dosimetric granules, and of nearly all the other goods mentioned; and although several homœo's have tried to settle here, they haven't succeeded. My drugs were as pleasant as their sugar, and infinitely more efficient. So that after all the struggle for existence didn't result in crowding me out. J. B.

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If the general practitioners of this country were asked what class of cases they find most difficult to diagnose, and the most unsatisfactory to treat, about nineteen out of every twenty would answer, "skin diseases."

If you were to ask what class of cases are the most neglected, and the least "read up," you would receive the same answer—"skin diseases."

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